Prairie North Health Region

2005 - 2006
Annual Report

to the

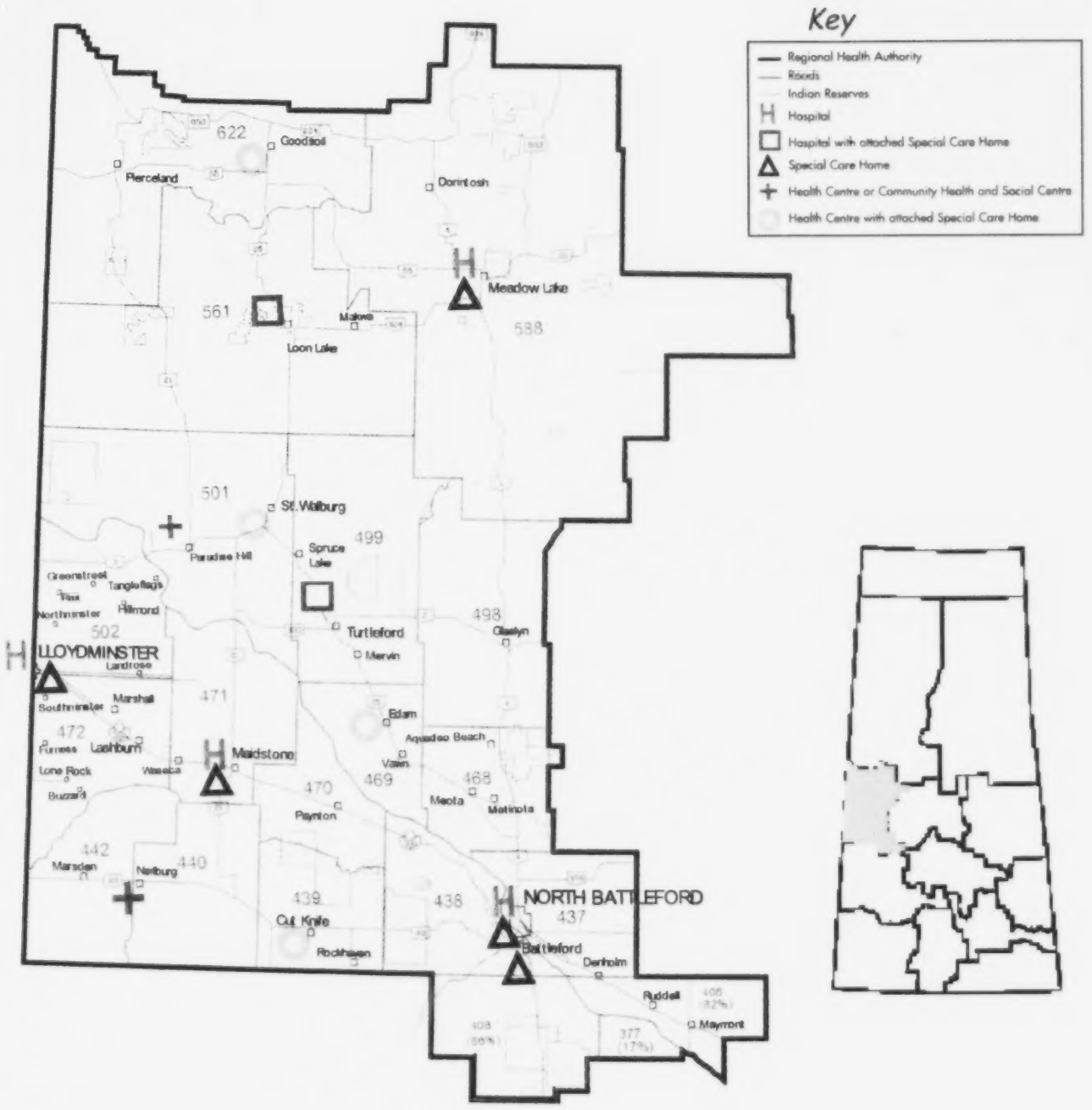
Minister of Health

and the

Minister of Healthy Living Services

Healthy People in Healthy Communities

Prairie North Health Region



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www.pnrha.ca

Letter of Transmittal

To The Honourable Len Taylor
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

To The Honourable Graham Addley
Minister of Healthy Living Services
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Taylor and Minister Addley:

Prairie North Regional Health Authority is pleased to provide you and the residents of our Health Region with our 2005-06 Annual Report. This report provides the audited financial statements and outlines activities and accomplishments of Prairie North Health Region for the year ended March 31, 2006.

Prairie North Regional Health Authority has enjoyed many significant successes over the past fiscal year including sod turning for the new Maidstone Integrated Health Project, completion of the new Community Health Services site at Lloydminster, and introduction of CT services at Lloydminster and North Battleford regional hospitals.

By far the most outstanding development for Prairie North was announcement late in the fiscal year of the Saskatchewan Government's commitment to replace our province's only psychiatric rehabilitation facility - Saskatchewan Hospital North Battleford. On behalf of the clients and all staff past, present and future, as well as our communities, our Health Region, and Saskatchewan people, we express our deep gratitude for your support of this much-anticipated project. We pledge our utmost cooperation in working with your Ministries and the Province in bringing a new Saskatchewan Hospital to reality.

Thank you.

Respectfully submitted,

B O'Grady

Bonnie O'Grady
Chairperson, Prairie North Regional Health Authority

Who We Are

Prairie North Regional Health Authority is one of 12 Saskatchewan RHAs established in 2002 with proclamation of *The Regional Health Services Act*. The RHA is the formal legal entity responsible for the planning, organization, delivery and evaluation of the health services it provides within the boundaries of Prairie North Health Region.

The Authority generally refers to the governing Board, while the 'Health Region' describes our geographic area, along with the facilities, programs, and services provided in it by all of our staff, physicians, and partners.

Prairie North's Vision, Mission and Values were established by the RHA to align with Saskatchewan Health's Vision for the future of health care and service in our province:

Saskatchewan Health Vision Statement

"Building a province of healthy people and healthy communities."

Prairie North RHA's Vision represents our long-range view of what we ultimately want our health region to be. Our Mission reflects the broad picture of how we are going to achieve our Vision. Our Values are the principles and elements we use to guide us in making decisions and taking actions.

Prairie North Health Region

Vision

"Healthy People in Healthy Communities."

Mission

"Working together to promote and support healthy living in healthy communities."

Values

Accountability and Responsibility to sustain the future of our health care resources.

Respect, Compassion, and Dignity for all people, regardless of cultural, social and economic factors.

Trust and Integrity in everything we do.

Appropriate Access to Quality health services: the right service at the right time in the right place.

Creativity and Innovation that support learning, partnerships, and an ongoing commitment to progress.

Supporting our Values, Prairie North RHA is guided in its decision-making, presentation and conduct by the legislation that governs us, and our policies around governance, responsibility, conduct, communication, accessibility, planning, and reporting. Professionally, our managers, physicians, and staff are bound by the regulations, expectations, and requirements of their professions, including codes of conduct and ethics. Prairie North strives to deliver the highest standards of care and service throughout our organization.

PNHR's Vision, Mission and Value statements are examined annually by the Board of Directors and have remained unchanged since their establishment in early 2003. The statements were reviewed by Board members and managers prior to the end of 2005-06 in the context of an overall revisit of Prairie North's Strategic Plan. Refinement of the Mission and Value statements was recommended by the strategic planning participants, to reflect Prairie North's maturation as a Region. Revision of the Mission and Value statements is anticipated for 2006-07.

Goals and Objectives

Prairie North's Board of Directors, managers, staff, physicians and partners are dedicated to the provision of quality, appropriate, effective and efficient health care services that are accessible to our residents and sustainable into the future.

These priorities mirror the goals and objectives established by Saskatchewan Health for the province's health system. Prairie North Regional Health Authority reaffirmed these goals and objectives for the Region for the 2005-06 operating year.

Saskatchewan Health and Prairie North Health Region Goals and Objectives

Goal - Improved Access to Quality Health Services

Objectives: Responsive, coordinated primary health care
Reduce waiting times for surgical procedures
Improve emergency medical care
Improved hospital, specialized services and long-term care

Goal - Effective Health Promotion and Disease Prevention

Objectives: Better promotion of health and disease prevention
Improve the health of northern and Aboriginal communities

Goal - Retain, Recruit and Train Health Providers

Objectives: Improve utilization and availability of health human resources
Develop representative work places
Create healthier more effective work places

Goal - A Sustainable, Efficient, Accountable and Quality Health System

Objectives: Ensure quality, effective health care
Appropriate governance, accountability and management for the health sector
Sustain publicly funded and publicly administered Medicare

Organizational / Administrative Structure

Since its inception, Prairie North Health Region has been fortunate to have maintained a stable, highly effective and focused administrative team and organizational structure, with little change in senior management personnel. Regrettably, just prior to the end of 2005-06, Vice-President of Integrated Health Services Cecile Hunt left the position to return closer to her home community and take on exciting new challenges as CEO of Prince Albert Parkland Health Region.

Prairie North RHA takes this opportunity to publicly congratulate Mrs. Hunt on her new and well-deserved position. We also express our deepest appreciation for her outstanding leadership and contributions to Prairie North during her three-and-a-half-year tenure.

With the departure, Prairie North took the opportunity to review the Region's organizational and administrative structure, and to realign Senior Management Team portfolios. Responsibility for Saskatchewan Hospital was shifted to the VP of Primary Health Services who maintains responsibility for Mental Health and Addictions Services. The Corporate/Support Services portfolio was separated to focus solely on Labour Relations and Human Resources, Continuous Quality Improvement, Occupational Health and Safety, and Performance and Systems Evaluation. Responsibility for Support Services, Project Development, Facilities Management, and Materials Management is now under the new position of VP of Development and Operations, which also includes specific emphasis on Medical Recruitment and Contract Management.

By the end of the fiscal year, PNHR successfully recruited to the Development and Operations position, and to the post responsible for Integrated Health Services. Prairie North RHA enthusiastically welcomes Lionel Chabot as VP of Development and Operations, and Barbara Jiricka as VP of Integrated Health Services. Both assume their new positions early in 2006-07.

Prairie North Health Region Senior Management Team

As of March 31, 2006

David Fan
Chief Executive Officer

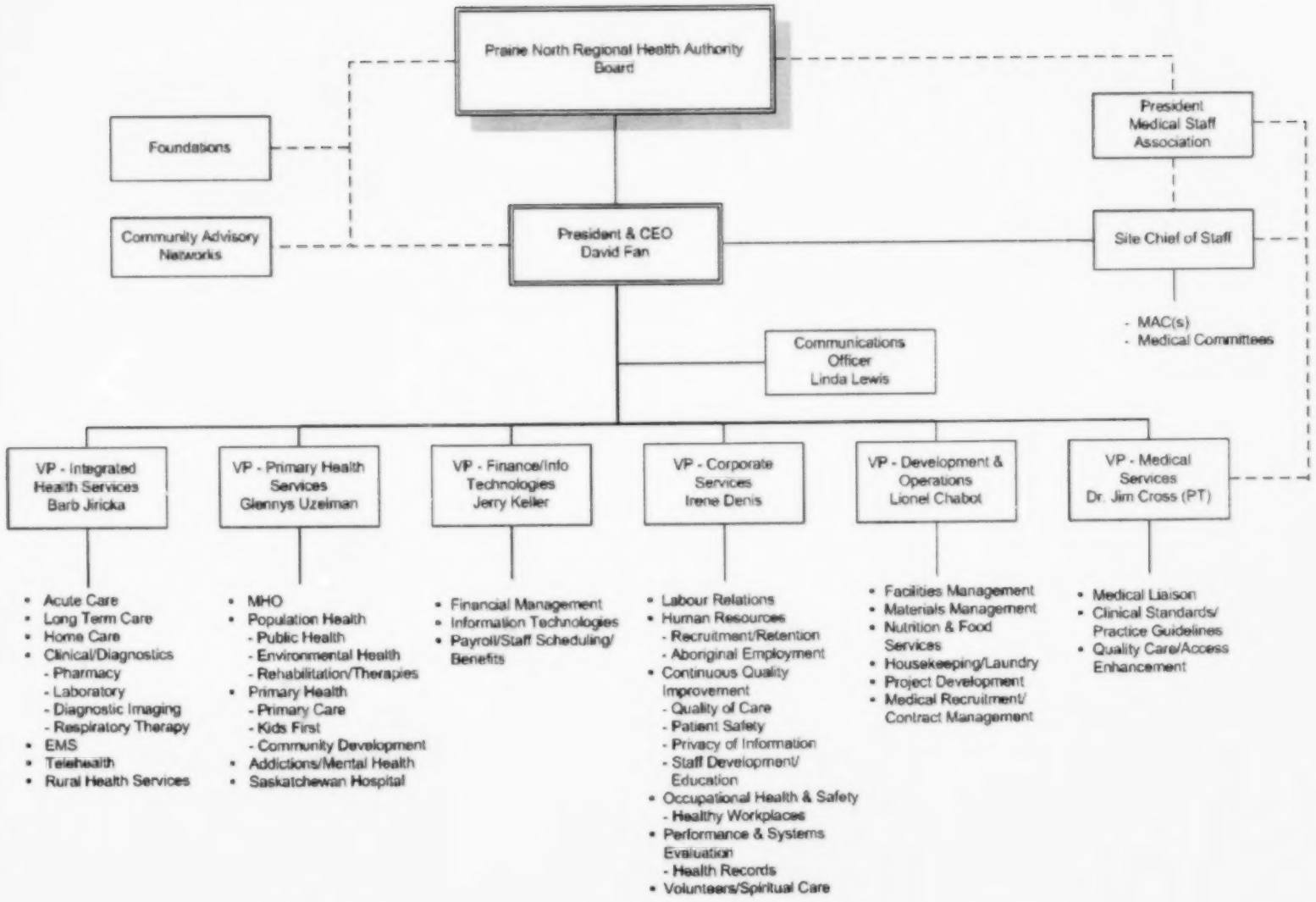
Glennys Uzelman
VP Primary Health Services

Jerry Keller
VP Finance/ Information Technologies

Irene Denis
VP Corporate Services

Dr. Jim Cross
VP Medical Services

Prairie North Regional Health Authority
Organizational Structure
as of March 31, 2006



Key Services

Prairie North Regional Health Authority is structured according to the key services we provide:

Acute Care - Hospitals, Medical/Physician Services, and Specialists
Supportive/Continuing Care - Long-Term Care, Home Care, Day Programs, and Respite Care
Rural Health Services - Health Centres and Integrated Facilities
Emergency Response Services - Ambulance and First Responders
Population Health Services - Public Health, Environmental Health, Rehabilitation & Therapies
Primary Health Care - Primary Care, KidsFirst, Intersectoral Programs, and Community Development
Mental Health & Addictions Services - Inpatient, Outpatient, and Long-Term Rehabilitation
Support Services - Housekeeping, Food and Nutrition Services, Facilities Services, and Materials Management
- Executive/Administrative Services including Finance, Information Technology, Human Resources and Labour Relations, Communications, and Continuous Quality Improvement

Generally, levels of activity in the patient care areas increased over the past year, compared to the year previous. The reasons are varied and include patient or client need, availability of human resources to provide the services, capacities of individual programs and services, improvements in efficiencies to accommodate greater needs, and growth in population in certain areas of the Region. Conversely, declines in service activity are most usually a result of a lack of human resources to provide the service, and resulting or implemented change to the availability of the service.

Following is a snapshot of key activity indicators for Prairie North Health Region for 2005-06. More detailed information is available in Appendix B, included with this Report.

PNHR Key Activity Indicators 2005-06

	Total Number	Percentage Change
Acute Care (Hospital) Separations *	10,964	+4.9
Live Births	1,603	+5.4
Surgical Cases (OR & Endoscopy)	6,803	+4
Hospital Emergency & Ambulatory Care Visits	117,393	+5.4
Health Centre Ambulatory Clinic Visits	3,239	-33.3
Laboratory Tests	1.28 million	+6.9
General Radiography Exams (X-Rays)	54,259	+7.8
Ultrasound Exams	7,307	+19.9
Ambulance Calls	8,212	Not available
Ambulance Travel (in Kilometres)	1 million	Not available
Long-Term Care Admissions	248	+11.7
Short-Term Care Admissions	408	+29.1
Home Care Clients	20,795	+24
Meals-on-Wheels	24,961	-2
Mental Health Outpatient Visits	22,619	-4.75
Mental Health Outpatient Direct Service Hours	31,864	+46.9
Addictions Services Clients	5,159	-1.8%
Addictions Services Direct Service Hours	5,219	+25.5

Note:
* Separations is the national standard term to define the number of patients who spent time in (were admitted to) hospital.

Source:
PNRHA Key Activity Indicators 2005-2006

Service Providers

Prairie North Health Region's strength is our people. Our services are provided by a team of 2,775 highly skilled and dedicated staff members in full-time, part-time, and casual positions; along with approximately 100 General Practitioners and Specialists providing care and service in family medicine, anaesthesia, general surgery, internal medicine, obstetrics/gynaecology, ophthalmology, otolaryngology, paediatrics, pathology, public health, psychiatry, and radiology. A number of visiting medical specialists provide service in gerontology, internal medicine, ophthalmology, orthopaedics, paediatrics, plastic surgery, rheumatology, urology, and nephrology.

Prairie North employs 540 Registered Nurses and Registered Psychiatric Nurses; 1,922 unionized support staff including Licensed Practical Nurses, special care aides, laboratory and diagnostic services personnel, and housekeeping, dietary and maintenance staff; 175 health sciences association staff including public health inspectors, therapists, counsellors, technicians, and psychologists; and 154 non-unionized staff including Regional, facility, program and nurse managers, plus administrative support personnel. Translated into full-time equivalent positions (FTEs), Prairie North's staff complement is as follows:

Full-Time Equivalent Positions – Prairie North Health Region

	2005/06 (As At March 31, 2006)	2004/05 (As At March 31, 2005)	2003/04 (As At March 31, 2004)
Canadian Union of Public Employees (CUPE - Sask.)	1,202.30	1,165.39	1,143.36
Alberta Union of Provincial Employees (AUPE - Alberta)	89.01	88.75	88.63
Health Sciences Association of Saskatchewan (HSAS)	119.25	112.34	114.81
Out-of-Scope (OOS) - Sask.	137.89	126.55	128.13
Out-of-Scope (OOS) - Alberta*	10.96	Not previously reported	
Saskatchewan Union of Nurses (SUN)	377.26	378.75	378.78
United Nurses of Alberta (UNA)	13.66	13.51	13.65
TOTAL Full-Time Equivalents	1,950.33	1,885.29	1,867.36

** See Appendix 'C'*

Prairie North's facilities and programs are also supported Region-wide by hundreds of volunteers whose generosity, dedication and commitment to our clients, staff, and communities enrich the care and service we provide. Volunteers share their time, energies and experiences to bring the "extras" to patients and staff, whether it be through fundraising to deliver amenities that enhance quality of life and patient care, serving as greeters to help people find their way through facilities and sites, entertaining at special occasions or events, or mentoring clients who need extra life skills support for themselves and their families. Volunteers do much, much more and are deeply appreciated by Prairie North and all of our health service providers.

Service Sites

Prairie North Health Region offers its programs and services through 26 distinct facilities or sites. In the past year, the designated status of Riverside Health Complex in Turtleford has changed from that of a health centre with attached special care home, to a community hospital with attached special care home. The change reflects the Region's move which now has all 24-hour emergency services for Turtleford and area provided at Riverside. Previously, availability of emergency services rotated through facilities at Turtleford, Edam and St. Walburg.

Prairie North Health Region Facilities and Sites

	Facility/Site	Location
Two Regional Hospitals	Battlefords Union Hospital Lloydminster Hospital	North Battleford Lloydminster, SK
One District Hospital	Northwest Health Facility (Meadow Lake Hospital)	Meadow Lake
One Community Hospital	Maidstone Union Hospital	Maidstone
Two Community Hospitals with Attached Special Care Home	Loon Lake Hospital & Special Care Home Riverside Health Complex	Loon Lake Turtleford
One Provincial Psychiatric Rehabilitation Hospital	Saskatchewan Hospital	North Battleford
Two Health Centres	Manitou Health Centre Paradise Hill Health Centre	Neilburg Paradise Hill
Four Health Centres with Attached Special Care Homes	Cut Knife Health Complex Lady Minto Health Care Center L. Gervais Memorial Health Centre St. Walburg Health Complex	Cut Knife Edam Goodsoil St. Walburg
Seven Special Care Homes	Battlefords District Care Centre Dr. Cooke Extended Care Centre Jubilee Home Northland Pioneers Lodge Pine Island Lodge River Heights Lodge Villa Pascal (Affiliate)	Battleford Lloydminster, AB Lloydminster Meadow Lake Maidstone North Battleford North Battleford
Three Community/Public Health Facilities (separate from other sites)	Community Health Services Community/Public Health Services Community/Public Health Services	Lloydminster North Battleford Maidstone
One Youth Mental Health Services Site	Child & Youth Services	North Battleford
One Mental Health Services Transition Home	Donaldson House	North Battleford
Two Addictions Treatment Centres (Inpatient)	Hopeview Recovery Home Walter A. "Slim" Thorpe Recovery Centre (HCO)	North Battleford Lloydminster

Key Partnerships and Health Care Organizations

Prairie North Health Region maintains a number of key partnerships to support the delivery of health care services and programs under its mandate. Of primary importance is our relationship with the following:

East Central Health, Alberta - Prairie North works closely with our neighbouring health region (ECH) in Alberta to plan and deliver health services to Lloydminster and area residents. Prairie North operates the health services for all of Lloydminster, which straddles the Alberta/Saskatchewan border. Funding support from Alberta Health and Wellness through ECH accounts for approximately 10 per cent of Prairie North's total operating budget.

Foundations and Auxiliaries - Prairie North Health Region is extremely fortunate and grateful to have the support of local Foundations, along with community and facility-based Auxiliaries to help us meet care and service needs of our patients, residents, and clients. These organizations' generous financial contributions toward the smallest of amenities to enhance patient/resident/client care, to the largest purchases of major capital equipment are vital to our ability to maintain and strengthen our services. Prairie North extends appreciation to all of our Foundations and Auxiliaries for their ongoing commitment to the people of our Region

Foundations and Trust Funds	Auxiliaries
	AMGITS (Saskatchewan Hospital Auxiliary)
Battlefords Union Hospital Foundation	Hands of Friendship Auxiliary (Battlefords District Care Centre)
	Dr. Cooke Extended Care Auxiliary
Beaver River Health Care Foundation (Goodsoil)	Edam Health Care Auxiliary
	Goodsoil Health Care Auxiliary
Lady Minto Trust Fund Committee (Edam)	Jubilee Jems Auxiliary (Jubilee Lodge, Lloydminster)
	Lashburn Health Care Auxiliary
Lloydminster Region Health Foundation Inc.	Lloydminster Health Care Auxiliary
	Maidstone Health Care Auxiliary
Loon Lake Health Care Foundation Inc.	Meadow Lake Health Care Auxiliary
	Mervin Health Care Auxiliary
Meadow Lake Hospital Foundation Inc.	Paradise Hill Community Health Auxiliary
	River Heights Lodge Auxiliary
Twin Rivers Health Care Foundation Inc.	St. Walburg Health Care Auxiliary
	Villa Pascal Ladies Auxiliary

First Nations Communities and Organizations - Prairie North partners with a number of First Nations to help support and deliver health services to Aboriginal clients. Through agreements with the Region, Meadow Lake Tribal Council provides health liaison services for clients at Meadow Lake and Loon Lake. Thunderchild First Nation also supports health liaison service at Turtleford. Big Island Lake First Nation, Ministikwan, and Island Lake First Nations participate with Prairie North Health Region in support of Primary Health Care services and chronic disease management. Through contract with Onion Lake First Nation, Prairie North provides laboratory service to the Onion Lake Health Centre. The Region also works closely with Battlefords Tribal Council to maintain health liaison and other services for First Nations clients.

Battlefords Family Health Centre - Prairie North contracts with Battlefords Tribal Council (BTC) and BTC Indian Health Services for the provision of Primary Health Care Services in North Battleford through Battlefords Family Health Centre. The Centre is governed by a Board of Directors including Chiefs of the BTC communities. PNHR is represented on the Primary Health Care Management Committee.

KidsFirst - Prairie North partners with local agencies in Meadow Lake and North Battleford to deliver targeted support to the most vulnerable families. KidsFirst is an early childhood development program intended to provide vulnerable children with the best possible start in life and to ensure they will be nurtured and supported by well functioning families and communities. Federal/provincial funding for the local program is channelled through PNHR as the accountable partner.

North Sask Laundry & Support Services Ltd., Prince Albert - Prairie North is a shareholder in the company (NSL) and purchases its services to provide and maintain linen supplies to many PNHR facilities. Prairie North directly participates in the governance of NSL through mandated membership on the company's Board of Directors.

Health Care Organizations - Prairie North Health Region works closely with nine independent health care organizations to deliver programs and services to residents of our Health Region. The Regional Health Services Act defines a health care organization (HCO) as:

- a prescribed organization that receives funding from an RHA to provide health services; or
- an affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.

Following are Prairie North's HCOs:

Lloydminster Emergency Care Services
Marshall's Ambulance Care Ltd., St. Walburg
WPD Ambulance Care Ltd., North Battleford

Prairie North contracts with these three private ambulance companies to provide pre-hospital emergency care to individuals in and around the companies' respective communities and contract areas. A contract is also maintained with Cold Lake Ambulance Society of Cold Lake, Alberta to provide a limited amount of emergency road ambulance service in the far northwest part of Prairie North Health Region.

Ambulance service to other communities and areas of Prairie North is provided by Region-owned and operated services in Cut Knife, Maidstone, Meadow Lake, and Neilburg.

Walter A. "Slim" Thorpe Recovery Centre Inc., Lloydminster
The Slim Thorpe Centre, as it is commonly known, is a not-for-profit organization dedicated to education and delivery of services associated with chemical dependency and problem gambling. The Centre provides high quality recovery and prevention services that encourage positive solutions to alcohol, drugs and gambling problems. Prairie North Health Region provides flow-through funding to the Centre to deliver addictions services to Lloydminster and area residents.

Libbie Young Centre Inc., Lloydminster
The Centre offers short-term and long-term residential supportive apartment living, as well as day programming to clients of Lloydminster and area. The Centre provides support services for persons experiencing chronic and persistent mental illness.

Canadian Mental Health Association, Battlefords Branch
The CMHA offers pre-vocational, vocational, public education, activity and advocacy services for individuals with mental health challenges.

Edwards Society Inc., North Battleford
The Edwards Society provides accommodation for mental health clients in a structured, supportive family-style living environment to enhance their quality of life and assist with greater self-reliance.

Portage Vocational Society Inc., North Battleford
Portage offers vocational rehabilitation, employment training and placement programs for clients suffering mental or emotional illness.

Societé Joseph Breton Inc.
The Societé operates the Villa Pascal 40-bed long-term care facility in North Battleford, and is Prairie North's only affiliate organization.

Under the legislation, HCOs must provide health services consistent with the Health Region's operational plan, and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contracts must be in place between each HCO and the Health Region.

The contracts set out the health services to be provided by the HCO and the funding to be received through the Health Region. According to the contracts, HCOs are required to submit audited financial statements and statistical information to the Health Region. Prairie North maintains strong linkages with each of its HCOs to assist in ensuring that operational and service requirements are met.

Key Risks to the Organization: Imperatives for Change

The key risks to Prairie North Health Region as an organization changed little in 2005-06, compared to those identified in 2004-05. Our most significant challenges are in recruiting and retaining sufficient health human resources to meet demands and expectations for service - in short, to fulfill our priority for "the right service at the right time in the right place."

Our aging facilities remain, as total upgrading or replacement will take a lengthy time to achieve. The pressures for new or replacement equipment and technology are strong, particularly as current machines move toward the end of their lifespan, and rapidly changing technology outstrips abilities to keep pace. These risks must be managed in a planned and deliberate process over time, intricately linked to the financial resources available.

Financial risks around rapidly escalating health care costs challenge the health system to maintain or expand current levels of service.

Health Human Resources

Like all health sectors across our province, country, continent, and globe, Prairie North Health Region experiences significant challenges in recruiting and retaining health professionals. Shortages of physicians, nurses, and clinical specialists worldwide make securing and sustaining adequate numbers of health care professionals to maintain or strengthen services in Prairie North an ongoing risk to the organization.

Prairie North has made reasonable progress over the past year strengthening and stabilizing specialty physician services. The challenge now is to secure enough family physicians/general practitioners to meet the health care needs of our population.

Attracting doctors to rural locations is difficult due to the overall physician shortage, the general nature of rural practice and rural life that may not be attractive to all, a potential or real lack of collegial support and educational opportunities, and other factors. Over the past year physician resources to serve the communities of Goodsoil, Loon Lake and surrounding areas have been scarce. Two Nurse Practitioners at the start of 2005/06 served the communities well with the support of local and neighbouring physicians. However, those resources too declined to one NP by the fall of 2005. While the lone physician and nurse practitioner continued to provide clinic services during daytime hours, Prairie North was forced to reduce services in these locations and direct patients to other communities where physician service is available for after-hours care. This, however, results in added pressure on the already busy larger sites.

Now, the shortage of GPs is being experienced in the larger communities within Prairie North. Meadow Lake and The Battlefords have both seen departures of family physicians over the past year. These doctors are proving difficult to replace, with private clinics turning increasingly to PNHR for recruitment assistance and solutions.

The Region has worked to provide that support, and has worked with rural communities to attract new physicians. Prairie North has actively participated in the Western Alliance for Assessment of International Physicians project in an effort to secure the services of international medical graduates (IMGs) who successfully fulfil the requirements. We are optimistic that our efforts will deliver results.

Prairie North promoted and helped facilitate development of the North Saskatchewan River Municipal Health Holdings organization at Turtleford to establish a group practice and strengthen physician recruitment and retention for local and surrounding communities. The Region is also working to promote and expand the development of Primary Health Care teams and sites wherever possible and appropriate. Regrettably, recruitment and retention of nurse practitioners, a cornerstone of Primary Health Care, is no easier than that of physicians. Prairie North promotes and facilitates interested individuals in achieving Nurse Practitioner designation. Competition for these scarce NP resources remains keen across Saskatchewan and Canada.

A general shortage of Registered Nurses and Licensed Practical Nurses poses ongoing challenges in maintaining services and programming. While the Region has some success recruiting to full-time permanent nursing positions, turnover and vacancies remain, due to demand and opportunities for nurses provincially, nationally, and internationally. People generally choose full-time jobs, leaving only a small pool of nurses, if any, for casual positions. Overtime and call back of nursing resources is high, and translates into increased utilization of sick time and leave. An aging workforce and ever-growing numbers of retirements add to the challenges, as does the increasing trend to urbanization drawing fewer and fewer resources to rural communities.

To help manage the risks associated with nursing shortages, Prairie North works constantly to recruit more nurses. We encourage and support provincial training programs, and partner with colleges and university programs to provide practicum and mentoring opportunities for students.

Regrettably, Prairie North has had to reduce services at various sites and times to manage through shortages of nursing and other patient care resources. We have moved to full scope of practice for nurses throughout our facilities and sites. We continue to explore ways to make the best use of our limited nursing and other human resources. We also collaborate and participate provincially with health human resource planning and strategies to increase nursing and other hard-to-recruit health care professional resources.

Shortages in other key professional groups including pharmacists, medical laboratory and medical radiological technologists, dietitians, speech language pathologists, therapists, and psychologists, to name a few, continue to negatively impact PNHR's ability to meet demands for timely, appropriate and quality care and service. Again, we utilize a variety of recruitment tools and opportunities, with intermittent success. Strong emphasis continues on recruitment to key positions. In the interim, alternatives for service delivery are explored and implemented to meet client demands.

Over the past year, two other human resource issues have intensified, requiring considerable attention moving forward. Prairie North is experiencing increasing difficulties in recruiting and retaining managers to its out-of-scope ranks. Vacancies in facility manager positions are being experienced at our rural hospitals and health centres. Nurse manager positions at our Regional hospitals are also difficult to fill. Among the impediments to recruitment and retention of managers is the compression factor between salaries for non-union employees and the steady growth in salaries for those they supervise. It is also challenging to recruit managers to rural locations where they might be the only out-of-scope person on staff, with no on-site collegial support.

With fewer managers and community resources to assist in patient care, Prairie North and all Saskatchewan health regions faced a significant risk in 2005-06 over potential job action by unionized employees. The possibility of strike action necessitated contingency planning on a Region-wide basis. The preparations emphasized the risk to patients, and to out-of-scope staff and volunteers who may have been called upon to try to maintain safe patient care. Additionally, the contingency planning process diverted significant time and resources from remaining

PNHR priorities. Moving forward, Prairie North must continue its discussions with other Health Regions and the province toward initiatives aimed at mitigating this priority risk, while managing the needs of our clients and our workforce.

Capital Infrastructure

Prairie North Health Region is home to several aging facilities that are costly to maintain and do not allow efficient, cost-effective use of staff and other resources. These include Pine Island Lodge long-term care facility in Maidstone; the 92-year-old Saskatchewan Hospital provincial psychiatric rehabilitation facility in North Battleford; Northland Pioneers Lodge long-term care home in Meadow Lake; the 65-year-old Battlefords District Care Centre in Battleford; and regional hospitals in Lloydminster and North Battleford.

Replacement or significant upgrading of each is required. The Region has implemented and regularly reviews and updates its Five-Year Capital Management Plan to address each of these priorities over the long-term. Approvals and partnerships with Saskatchewan Health and local communities are necessary to move the replacement projects forward. In the case of Lloydminster, commitment is also necessary from Alberta.

Prairie North has begun to address these infrastructure deficiencies:

- Plans have been finalized, funding has been secured, and the contract has been awarded for expansion and redevelopment of Maidstone Hospital to replace Pine Island Lodge. Construction is underway with completion set for late fall 2007.

- Commitment has been announced by Saskatchewan Health to replace Saskatchewan Hospital. The government has set aside nearly two-thirds of the projected $59-million dollar cost for the new facility. Planning has begun, with construction to start in 2008 and completion set for 2010. Prairie North continues to promote eventual replacement of BDCC in conjunction with Sask Hospital redevelopment.

- Re-evaluation of Northland Pioneers Lodge has emphasized the need for movement of the facility up the Region's capital priority list. Prairie North will work with Saskatchewan Health toward planning for replacement of the Lodge.

- First phase renovation was completed in 2005-06 at Lloydminster Hospital to accommodate introduction of CT service and development of improved operational space for the Pharmacy department and Lloydminster Region Health Foundation. Further improvements are planned in 2006-07 to maintain the structural integrity of the building. Prairie North intends to initiate a Request for Proposals (RFP) for functional program planning, expansion and redevelopment of the hospital to meet increasing service demands of a rapidly expanding Lloydminster and area population.

- First phase installation of fire sprinkler systems for the lower and main floors of Battlefords Union Hospital was completed in 2005-06, along with energy efficiency upgrades of the heating, ventilation, and air conditioning (HVAC) systems and lighting for the same areas. The Diagnostic Imaging (DI) department was renovated to accommodate introduction of CT service and conversion to a totally digital DI environment. In conjunction with the Lloydminster Hospital redevelopment, Prairie North intends to call an RFP for functional programming and redevelopment of BUH.

Additionally, Prairie North is supporting East Central Health (Alberta) in its work toward development of a much-needed 60-bed Supportive Housing complex at the Dr. Cooke Extended Care Centre in Lloydminster. ECH owns the Care Centre and Prairie North operates it. Once construction begins early in 2006-07 on the supportive housing complex, ECH will issue an RFP for functional programming to rejuvenate the two long-term care wings at DCECC.

Capital Equipment and Technology

Prairie North faces continual pressure to update and replace a variety of equipment at virtually all of its sites and programs. In addition to the requirement and desire to keep pace with technological advancements to provide patients with the most current services and procedures we can, Prairie North must upgrade basic equipment to maintain or improve the scope and quality of care and service, while at the same time enhancing staff and patient safety. The Region must not lose sight of its basic equipment needs such as replacement beds, in the excitement to move forward with significant technological advancements like CT and digital radiography.

To help ensure that both types of needs are met, Prairie North maintains a Capital Equipment Plan that identifies multi-year priorities for all programs and sites. These priorities are reviewed and revised annually, as items are acquired and crossed off the list, or as other items require replacement on an emergency basis. The Plan helps the Region maintain its programs and services with little, if any, interruption. The Region budgets a designated amount of funding on an annual basis to address the priorities of the plan.

In the past year, Prairie North established an in-house Biomedical Engineering Department to reduce the outsourcing of equipment repairs and service contracts. Preventative maintenance is a cornerstone of the program to ensure proper functioning and prolong the useful life of equipment, as well as to enhance patient and staff safety.

Additionally, Prairie North partners with its Foundations and Auxiliaries to support purchase of a wide range of items from the very largest and most technologically advanced, to the very smallest, basic and vital pieces of patient care equipment. Other community organizations and individuals likewise support a variety of equipment purchases, based on need and priority under the Plan. For all of these contributions, Prairie North Health Region is deeply grateful. Fostering and ensuring positive relations and recognition is vital to this ongoing support.

In the past year, Prairie North continued to benefit from Federal Health Accord and Saskatchewan Health funding announced in 2004-05 for purchase of patient care and safe workplace equipment; surgical service equipment; and diagnostic imaging and computed tomography technology. The Region is appreciative of the provincial allocations to support these initiatives. Wherever possible, Prairie North participates with the province and other Saskatchewan health regions in group purchasing arrangements to achieve best prices and make the broadest use of finite financial resources.

The proliferation of Information Technology (IT) systems required for optimal program functioning, mandated monitoring and reporting, and integrated systems development also represents risk to the organization. Prairie North is challenged to keep pace with implementation of the many emerging systems and programs. The new technology is expensive and never-ending, while the financial and human resources to pay for and manage it are not. The Region strives to balance IT priorities through a systematic plan and participates at a provincial level to stay abreast of pending and anticipated change. Prairie North specifically introduced a Director of Information Technology position for the Region in 2005-06 to expand our capacity to meet and manage IT demands.

Finances

While Prairie North Health Region ended 2005-06 with a $1.3 million surplus, significant financial risks to the organization remain. As indicated earlier in this report, health care costs provincially and nationally are increasing at a phenomenal rate. It is unlikely that government allocations can keep up over the long term, as health costs devour an ever-greater percentage of Saskatchewan budgets.

Expenditures continue to grow at a rate of six to seven per cent annually. Salaries and benefits are major cost drivers, as are skyrocketing pharmaceutical costs, increased use of high-cost procedures and expensive medical technologies, and growing rates of chronic diseases including diabetes, cancer, and cardiovascular disease. None of these cost drivers are within the sole purview of Prairie North Health Region to obviate or control. Our Region continues to strive where it can to minimize negative impacts on our financial resources and optimize opportunities that mitigate financial risk.

Prairie North has worked hard to achieve a positive financial picture from where the Region started in 2002. Stringent management of dollars and difficult decisions to reduce costs and realign services have had to be made. At the same time, PNHR faces significant pressures for more services, additional staff, upgraded equipment, expanded technologies, and new infrastructure.

These financial risks are managed in large part through the Board and Senior Management's commitment to balanced budgeting, along with careful planning around human resources, capital management, capital equipment, and information technology.

Prairie North's overall financial risk is also tied to appropriate funding from the Province of Alberta through East Central Health, for the provision of service at Lloydminster. Prairie North works very closely with ECH to ensure that the health needs and resulting costs for service to Alberta residents are understood and appropriately funded. PNHR has been successful in efforts to secure increased resources from its Alberta counterpart. However the rapidly growing population and its demands on the health services in the Border City show no sign of abatement. Efforts will have to continue to obtain even greater commitment going forward to catch up to and move ahead of Lloydminster's needs for health care service.

Our Region

Prairie North Health Region covers a large and geographically diverse area in the northwest part of central Saskatchewan. Key industries are agriculture and related service sectors in the south; oil and gas in the west and central parts of the Region; and forestry, tourism and recreation in the north.

Economically, the western part of Prairie North, especially around Lloydminster, is vibrant and growing, with significant oil and gas exploration and development. The northern section around Meadow Lake is bustling with activity in forestry and related industries. The southern and eastern parts of the Health Region are primarily agriculture and service industry based. The central areas of the Region abound with a combination of these activities.

Prairie North is home to Canada's only border city: Lloydminster, Saskatchewan/Alberta. This presents unique considerations and challenges for the management and provision of health services to people living under differing provincial jurisdictions.

Prairie North is the only health region in Saskatchewan that is home to two regional hospitals: Battlefords Union Hospital in North Battleford, and Lloydminster Hospital on the Saskatchewan side of Lloydminster. This too presents special dynamics in balancing priorities and resources to ensure both sites fulfil their potential as regional health centres.

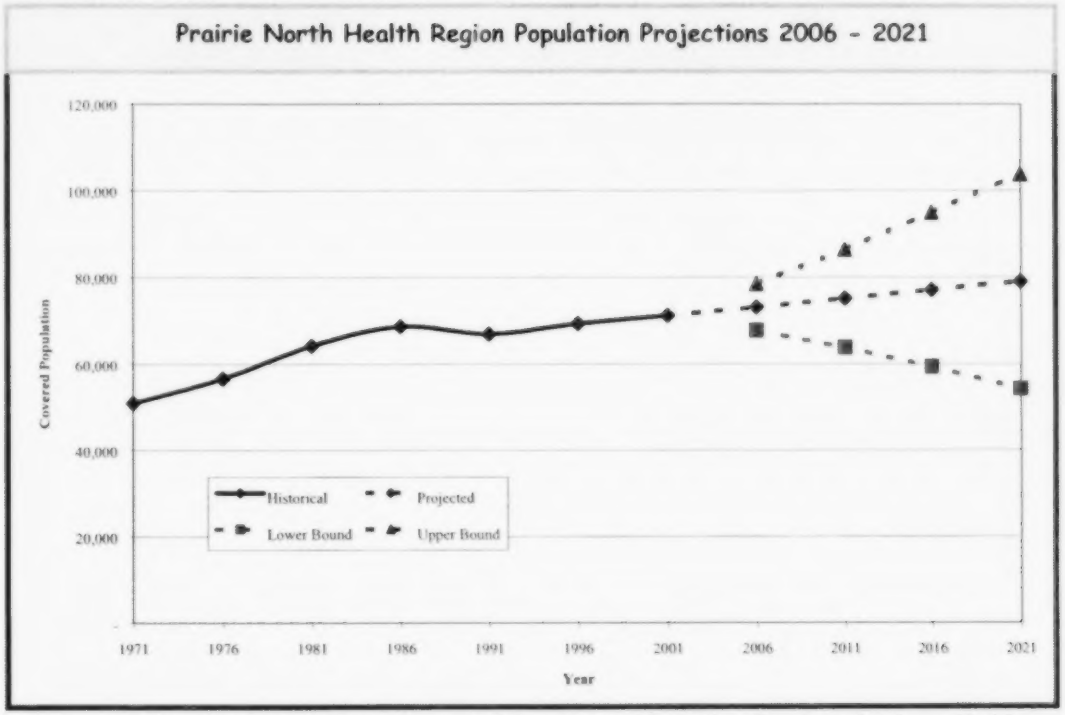
Saskatchewan's only provincial psychiatric rehabilitation hospital - Saskatchewan Hospital North Battleford - is located in Prairie North Health Region. Once The Battlefords single largest employer and known provincially and nationally for its innovation in the provision of mental health services, the institution, its clients and programming continue to occupy a special place of "ownership" in the community's consciousness. SHNB, as it is known, is also home to the province's Forensic Services program.

Population Demographics

To meet the health needs of our residents now and into the future, we must understand our population: who they are, where they live, their age, their gender, and more. In the case of Prairie North Health Region, we must also pay particular attention to the significant Aboriginal population, as we strive in partnership with First Nation communities and agencies to address their health care needs and the factors that influence health.

Overall, Prairie North's population has increased slightly in the past year, according to Saskatchewan Health Covered Population figures to June 30, 2005. PNHR's population (which includes ONLY the Saskatchewan side of Lloydminster, NOT the Alberta side) rose by 1.1% to 72,834 from June 30, 2004 to June 30, 2005. During the same period, Saskatchewan's total population grew by only 0.3%.

Since 2002 when Saskatchewan's health regions came into existence, Prairie North's population (excluding Lloydminster, Alberta) has risen 1.8%, while Saskatchewan's total number of residents has declined fractionally by 0.4%. During the same period, Prairie North has become home to a steadily increasing percentage of Saskatchewan's total population, at 7.13% as of June 30, 2005, from 6.98% as of June 30, 2002. Prairie North is the fourth largest Saskatchewan Health Region by population and is anticipated to continue steady growth to just under 80,000 residents by 2021, according to Saskatchewan Health Population Projections 2006 to 2021. Again, these projections do not include the Alberta side of Lloydminster which is anticipated to continue growing at a significant pace.



Source: Information Products Group, Corporate Information and Technology Branch, Saskatchewan Health

Our Region's population remains almost evenly divided with only slightly more males than females. Just under half of all PNHR residents live in the three largest communities of The Battlefords, Lloydminster, and Meadow Lake. About a third of residents live in rural locations. The remainder are residents of First Nation communities.

Prairie North Health Region has the highest percentage (23.34%) of Registered Indian residents among Saskatchewan's 10 "southern" health regions. Only the percentages of the three northern health authorities are higher. This comparison does not include additional individuals who identify themselves as Aboriginal but who are not Registered Indians. According to Statistics Canada's 2001 Aboriginal Population Profile, the percentage of Prairie North's total Aboriginal population is even higher, at close to 28 per cent.

According to Saskatchewan Health Covered Population data to June 30, 2005, the percentage of PNHR's Registered Indian population increased by 0.47%, nearly double the provincial rise in First Nations population of 0.25%. Nearly half (49.95%) of Prairie North's 12,316 Registered Indians who live in First Nation communities are between the ages of 0 - 19. Just under 40% (precisely 39.19%) are ages 20 - 49. Not quite 11% of First Nation residents are 50 years of age and older.

This demographic information is vital to planning and delivery of health services to meet the needs of a young First Nations population. Comparatively for all of Prairie North, not quite a third (32.45%) of the population is ages 0 - 19; nearly 42% is in the 20 - 49 year age category, with over one quarter (25.75%) of the population ages 50 plus.

Key Population Demographics - Prairie North Health Region

	Prairie North Health Region			Saskatchewan		
Total Residents		% of Sask. Population	% Change		% of Sask. Population	% Change
2005	72,834	7.13%	+1.11%	1,021,080	100%	+0.30%
2004	72,032	7.08%	+2.11%	1,018,057	100%	+1.02%
2003	70,545	7.00%	-1.39%	1,007,753	100%	-1.67%
2002	71,542	6.98%	----------	1,024,827	100%	----------
Gender		% of RHA Population			% of Sask. Population	
Female 2005	36,067	49.52%		513,490	50.29%	
Male 2005	36,767	50.48%		507,590	49.71%	
Female 2004	35,662	49.51%		512,529	50.34%	
Male 2004	36,370	50.49%		505,528	49.66%	
Female 2003	35,007	49.62%		508,277	50.44%	
Male 2003	35,539	50.38%		499,476	49.56%	
Female 2002	35,363	49.43%		515,142	50.27%	
Male 2002	36,279	50.57%		509,685	49.73%	
Residency						
Urban 2005	35,924	49.32%		571,736	55.99%	
Rural 2005	24,594	33.77%		403,399	39.51%	
FN 2005	12,316	16.91%		45,945	4.50%	
Urban 2004	35,396	49.14%		567,337	55.73%	
Rural 2004	24,591	34.15%		404,933	39.77%	
FN 2004	12,045	16.72%		45,787	4.50%	
Urban 2003	34,433	48.81%		557,763	55.35%	
Rural 2003	24,507	34.74%		404,675	40.15%	
FN 2003	11,606	16.45%		45,315	4.50%	
Urban 2002	35,424	49.51%		561,870	54.83%	
Rural 2002	25,109	35.10%		418,885	40.87%	
FN 2002	11,009	15.39%		44,072	4.30%	
Registered Indian Population						
2005	16,999	23.34%		103,349	10.12%	
2004	16,476	22.87%		100,514	9.87%	
2003	15,820	22.43%		97,256	9.65%	
2002	17,205	24.04%		96,752	9.44%	

The resident demographic statistics for PNHR do not include the significant population on the Alberta side of Lloydminster but to which Prairie North provides service. The City of Lloydminster undertook a municipal census in 2005, in light of the rapid and significant growth of the community since the Statistics Canada Census in 2001. According to results of the 2005 survey published by the City of Lloydminster Planning and Development Department, Lloydminster's total population jumped by 12.65 per cent between 2001 and 2005. The majority of that growth occurred on the Alberta side, rising to 15,487 Lloydminster, AB residents. That number must be added to the total population served by Prairie North Health Region, Saskatchewan as PNHR operates the health service for all of Lloydminster, with funding support from Alberta Health and Wellness through East Central Health, Alberta.

Additionally, according to ECH, the catchment area population outside Lloydminster, AB is approximately 20,000 to which Prairie North also provides service. Lloydminster has a significant "shadow" population of individuals who work in the community and area during the week but have permanent addresses elsewhere. These people also access health services at Lloydminster.

In planning for and delivering health services to Lloydminster, factors beyond its rapid growth must be taken into consideration. The age of its population is one such element. As the table below illustrates, a significant number of Lloydminster residents are in the young adult to middle age group, while the same populations in The Battlefords and Meadow Lake are similar to each other in number, but both considerably lower than Lloydminster's.

Of the three largest centres in Prairie North, Meadow Lake's 0 - 19 years age groupings are much larger than those of Lloydminster and The Battlefords which are comparable to each other.

In the 50 years and over categories, The Battlefords has the largest percentage, compared to Meadow Lake and Lloydminster which are similar to each other, but markedly lower than The Battlefords.

Prairie North Health Region - Comparative Age Groupings - Three Largest Communities

	Ages 0-19 years		Ages 20-49 years		Ages 50 years & over	
The Battlefords (Battleford & North Battleford)	4,530	29.04%	7,903	40.50%	5,944	30.46%
Lloydminster (SK & AB)	6,912	29.23%	11,861	50.17%	4,868	20.60%
Meadow Lake	2,470	37.15%	2,832	42.60%	1,346	20.25%

Source: Saskatchewan Health Covered Population 2005
City of Lloydminster Municipal Census 2005

The differing age characteristics of these three communities, and others in PNHR, aid in decision making around current and future services and facilities.

External Influences

Because of Lloydminster and area's booming economy and expanding population, Prairie North Health Region has had to pay particular attention to the Border City in terms of strengthening human, financial, and physical resources. Pressures on all of these areas grow faster than the health system's means to keep pace. Prairie North has already targeted increased resources toward a range of acute care, community health, therapies, home care and mental health services. Expansion and renovation of Lloydminster Hospital is a priority. The Region is working closely with East Central Health to provide continually more financial resources to support these necessary enhancements, particularly since most of the increase in population and activity is on the Alberta side of the border.

Prairie North is working with ECH to expand continuing care services at Lloydminster through development of Supportive Housing and redevelopment of Dr. Cooke Extended Care Centre. While current statistics show Lloydminster's 50-plus population at less than The Battlefords and Meadow Lake, Lloydminster is becoming a more desirable destination for rural and area residents to relocate to for services and amenities. This too puts pressure on existing health care services, and signals a need for greater continuing care services into the future.

A new Community Health/Mental Health/Home Care site has been developed, however, the needs for those services are already putting pressures on to expand yet again. The transient and affluent nature of Lloydminster's population brings with it associated social concerns around mental health, addictions, public health, the environment and more. The Region must strategize with its partners and the community to effectively manage, respond to and prevent negative social consequences.

Not only does Lloydminster and Alberta's exploding economy pose challenges for Prairie North in dealing with service demands, it impacts the Health Region's ability to attract and retain employees. With wages in the private sector in and around Lloydminster, and in Alberta generally, greatly exceeding those Prairie North can offer, our Health Region is significantly challenged to hire and keep personnel. Alberta continues to attract large numbers of Saskatchewan doctors, nurses, clinical specialists and tradespeople. According to Statistics Canada, in the last three months of 2005 alone, Alberta's population grew by 25,100 – five times the national average and nearly three-quarters from other Canadian provinces. With Saskatchewan and Prairie North on Alberta's doorstep, the movement across the border continues.

Yet another impact of the strong Alberta economy on Prairie North Health Region and Saskatchewan is a shortage of tradespeople and contractors to take on capital projects. Costs for projects rise quickly and substantially as demand for materials and workers force prices and wages higher. Catastrophes around the world, such as hurricanes and tsunamis, also spur demand for goods and workers. These must all be factored in as Prairie North moves forward with capital purchases and projects.

Changes and challenges in the forestry industry have the potential to negatively impact Prairie North's residents and communities. Recent downturns in the sector could spur declines in the Region's rural and northern communities, as livelihoods are threatened and populations face change. Rural communities are also threatened by the devastating downward spiral in agriculture over the past several years. Towns and villages decline as rural residents move away from the land. Communities find it harder and harder to remain viable as the key driver of their economies dries up, businesses and services close, and people move away. Maintaining efficient, effective health services in rural centres becomes more and more difficult as opportunities and resident levels decline.

Health Status & Outcome Indicators

Health Status and Outcome Indicators provide a broad view of the health of Prairie North's population. Many factors influence a population's health, including education, employment and income levels, where we live, the state of our environment, our genetics, our relationships with friends and family, and more.

A health region's role in influencing and determining the health status of its population is limited but important. As Prairie North's Vision of "Healthy people in healthy communities" indicates, the Region strives to improve the health of its population. We must monitor and report on health status and outcome measures to help us establish our direction and priorities in moving toward our Vision.

Following are the key health status and outcome indicators monitored for Prairie North Health Region to help us identify areas of concern, anticipate health needs, plan for services and programs, and target initiatives to improve the overall health of our population. The data is provided through Saskatchewan Health "Performance Management Accountability Indicators (May 26, 2006)."

Infant Mortality

Infant mortality rate is among the most widely recognized indicators of the overall health of a population. It is calculated as the number of infant deaths over three consecutive years, divided by total live births over the same three years, multiplied by 1,000. In this year's Regional Health Authority annual reports, the data intervals have been reduced to three-year groups, from the five-year groupings of previous annual reports, to lessen the effect of possible annual variation at the regional level due to small numbers.

Infant mortality rates reflect not only the level of infant deaths, but also the health status and health care of a population, the effectiveness of preventive care, and the attention paid to maternal and child health. Broader social factors such as maternal education and smoking also impact infant mortality. An infant death serves as a warning of possible deficiencies in the physical and socio-economic environment, nutrition, education, or health of a community. Achieving a reduction in the infant death rate requires a multi-faceted approach.

Infant Mortality Rate Per 1,000 Live Births

	Three Year Average	
	2002-2004	1999-2001
PNHR	7.5	4.5
Sask.	5.9	6.2

Source: Saskatchewan Health

At 7.5 infant deaths per 1,000 live births, the PNHR rate for 2002 - 2004 is higher than the provincial average, markedly higher than the 1999 - 2001 interval, and is cause for concern. Prairie North has focused on its pre- and post-natal maternal/child programs including health promotion initiatives to try to positively impact the indicator from the health perspective. The Region is also working to strengthen its community development initiatives and partnerships to influence health determinants like poverty, nutrition and education that are factors in infant deaths.

Life Expectancy

Life expectancy is a widely used indicator of the health of a population. It measures the quantity or anticipated length of a person's life, not the quality. In Canada, life expectancy rates for the population are increasing. Life expectancy is higher for women than for men, and increasing rates of life expectancy have an impact on the proportion of elderly people in the population.

Life expectancy statistics in this year's PNHR Annual Report are unchanged from those reported a year ago. In Prairie North Health Region for 2001, the life expectancy of males at birth rose from 1997, along with the provincial average, and was only slightly below the provincial number. For females in Prairie North for 2001, the life expectancy at birth rose to a lesser extent than it did for males, but remained higher than the life expectancy for males. The life expectancy at birth for females in PNHR is a full year lower than the Saskatchewan average, and is the lowest among the 10 southern health regions in our province.

At age 65, the life expectancy for both men and women in Prairie North Health Region as of 2001 is below the provincial average and fell from 1997 levels. During that interval between 1997 and 2001, the provincial life expectancy for males and females at age 65 rose. In 1997, females' life expectancy in Prairie North at age 65 was identical to the provincial average, while the life expectancy at age 65 for males in Prairie North exceeded the provincial average. PNHR must continue to monitor its life expectancy levels to determine if a downward trend exists in life expectancy for men and women at age 65. This would be an area of concern for Prairie North if the numbers continue to decline. The Region would have to look at why and explore initiatives to reverse such a trend.

Life Expectancy At Birth and At Age 65 Years

	At Birth (2001 Statistics)		At Birth (1997 Statistics)		At Age 65 Years (2001 Statistics)		At Age 65 Years (1997 Statistics)	
	Males	Females	Males	Females	Males	Females	Males	Females
PNHR	76.0 years	80.8 years	74.5 years	80.6 years	16.8 years	20.0 years	17.1 years	20.7 years
Sask.	76.2 years	81.8 years	75.6 years	81.4 years	16.9 years	20.9 years	16.6 years	20.7 years

Source: Saskatchewan Health

Overweight and Obesity

North Americans are hearing more and more about obesity from health professionals and through the media. According to the Canadian Institute of Health Research, Obesity Research in Canada, Backgrounder, February 2004, "the prevalence of obesity has increased at an alarming rate over the past two decades, to the extent that it is now a pandemic affecting billions globally. The Canadian experience has been no different than that of many other developed countries." For North Americans, many of us simply consume more energy than we burn. Our indulgence in and reliance on fast food, our fast-paced lifestyles that have changed traditional eating patterns, and our decreased levels of activity at work and at leisure all add to the levels of overweight and obesity. Other genetic and environmental factors also affect our weight.

Obesity has been identified as a major risk factor contributing to a number of chronic illnesses such as type II diabetes and heart disease. Body Mass Index (BMI) is the most common method of determining if an individual's weight is in a healthy range. The current standard for an individual to be considered overweight is a BMI of 25 to 29.9. The standard for obesity is a BMI of 30 and over. Reducing the risk of obesity decreases the risk of a number of chronic conditions such as cardiovascular disease, type II diabetes, and certain types of cancer.

In Prairie North Health Region, the percentage of overweight and obese people increased sharply between 2000/2001 and 2003. The provincial rates rose only slightly. The data is unchanged from that presented in last year's PNHR Annual Report. It must also be noted that the lower end of the age range (now 18) was changed in the 2003 figures, from the lower end of the range (age 20) used in 2001. This could account in part for the higher numbers for 2003. Nevertheless, the significant percentages of overweight and obese residents of Prairie North pose major challenges in the long-term provision of health services to help manage and care for chronic conditions that often result. The Region must continue to emphasize healthy food choices and increased levels of activity for our population. Increased levels of obesity will continue to require focus on chronic disease management.

Percentage of Population (Age 18 - 64 Years) Who Are Overweight or Obese

	Overweight (2003)	Overweight (2001) (Ages 20-64)	Obese (2003)	Obese (2001) (Ages 20-64)
PNHR	39.1%	30.2%	24.9%	21.3%
Sask.	35.8%	34.0%	20.5%	19.7%

Source: Saskatchewan Health

Physical Activity

Closely linked to overweight and obesity is physical activity, or a lack thereof. Inactivity is a major risk factor for obesity, diabetes, and heart disease. Maintaining physical activity is associated with a range of health benefits including improved heart health and mental health. Increased participation in physical activity is also associated with a reduced incidence of high-risk behaviours such as smoking, alcohol and substance abuse, and inadequate dietary practices among teenagers and youth in general. Physical activity tends to decrease with age.

Percentage of Population Age 12 and Over Reporting Physical Activity Participation Levels

	Active / Moderately Active		Inactive	
	2003	2001	2003	2001
PNHR	52.4%	39.3%	45.5%	48.2%
Sask.	49.8%	44.1%	47.8%	48.9%
Canada	50.8%	42.6%	46.8%	49.1%

Source: Saskatchewan Health

In Prairie North Health Region, over half the population reports itself as active or moderately active - a considerable improvement over 2001 levels, and higher than the provincial and national levels for 2003. The data reported is unchanged from last year. Conversely, fewer residents in PNHR, Saskatchewan and Canada identify themselves as inactive compared to 2001 levels. Prairie North's level of inactivity is lower than the provincial and national figures.

Prairie North continues a strong emphasis, through our Population Health Promotion initiatives, on increasing physical activity. The Region expects that by doing so over the long term, PNHR residents will experience lower levels of obesity and chronic disease related to inactivity.

Smoking

Tobacco use is the leading cause of preventable illness and death in Canada. Health Canada estimates that smoking is responsible for more than 45,000 deaths per year. It is also estimated that approximately eight out of every 10 people who try smoking become habitual smokers. Teenaged girls are now more likely to smoke than adolescent boys. If the increased rates of smoking among young women are not reversed, lung cancer rates among women will continue to climb. Smoking is a significant risk factor for heart disease and stroke, as well as respiratory diseases such as asthma. Exposure to environmental tobacco smoke increases the likelihood of lung cancer and respiratory diseases in non-smokers.

Percentage of Population Age 12 Years and Over Who Are Current, Daily or Occasional Smokers

	Total Rate 2003		Total Rate 2001	
	Males	Females	Males	Females
PNHR	24.5%	26.7%	37.7%	28.6%
Sask.	24.6%	23.1%	27.9%	27.3%
Canada	24.8%	21.0%	28.0%	23.8%

Source: Saskatchewan Health

Smoking rates among males in Prairie North Health Region fell sharply between 2001 and 2003, as reported in last year's PNHR Annual Report. They are now on par with the provincial and national average of just under one-quarter of males being smokers. The smoking rate for females in Prairie North is slightly higher than for males in PNHR, and exceeds both the provincial and national numbers for females. Nevertheless, the percentage of females smoking in PNHR fell from its 2001 level. PNHR will continue to closely monitor smoking rates to help the Region assess the effect of its Tobacco Control initiatives in the context of the provincial *Tobacco Control Act* which came into effect in January 2005.

Self-Rated Health Status

Self-reported health is a general indicator of the overall health status of individuals. It is collected using a five-point reporting scale, ranging from excellent to poor. Self-reported health tends to be influenced by age. Increasing age tends to lead to consideration of one's health as less than very good or excellent. Men are more inclined to report a more positive assessment of their health status. Major cultural differences may also come into play, with some cultures focusing their assessment exclusively on physical health and others adopting a more comprehensive definition to include mental and spiritual well-being. Depression has been associated with reduced odds of reporting excellent or very good health, especially in women.

Self-Rated Health Status: Percentage of Population Age 12 Years and Over Who Report Their Health as Very Good or Excellent

	Very Good		Excellent	
	2003	2001	2003	2001
PNHR	39.3%	34.5%	22.5%	19.7%
Sask.	38.6%	36.3%	20.8%	20.5%
Canada	36.3%	35.8%	22.3%	25.6%

Source: Saskatchewan Health

Prairie North Health Region ranks among the top four Saskatchewan health regions in terms of how we view our overall health. Nearly 62 per cent of PNHR residents rate their health as very good or excellent. The combined rate was 54 per cent in 2001. The numbers referenced are unchanged from last year's PNHR Annual Report.

Diabetes Prevalence Rate

Diabetes is a progressively debilitating disease associated with several other chronic disease complications and death. Incidence and prevalence of diabetes tends to increase with age. Individuals with long-standing obesity are at high risk of developing diabetes. Saskatchewan Health's technical specifications around Health Status Indicators notes that First Nations and non-Caucasian individuals have a higher risk of type II diabetes than Caucasians. The risk is reversed in type I diabetes. Diabetes carries high utilization costs and quality of life implications.

Age-Adjusted Diabetes Prevalence Rate per 1,000 Population

	2003/2004	2002/2003	2001/2002	2000/2001
PNHR	61.1	57.3	44.3	45.1
Sask.	N/A	N/A	N/A	N/A

Source: Saskatchewan Health

According to the latest statistics from Saskatchewan Health, Prairie North has experienced a marked increase in the prevalence rate of diabetes. Prevalence rates indicate the number of individuals per 1,000 people who have a certain condition. The aged-adjusted rate takes into account differences in age distributions between Saskatchewan's 13 health authorities. Prairie North's age-adjusted diabetes prevalence rate remains third highest in the province, where it has been for each of the four years identified above. From 2000-01 to 2003-04, PNHR's rate has risen by over 35 per cent. Generally, rates have increased for all Saskatchewan Health Regions and have raised concern across the province.

The higher diabetes prevalence rates put on pressure to increase health services related to the disease, including chronic disease management, diabetes education, renal and cardiac care. Additionally, strategic direction must focus on reducing the risk factors for diabetes such as obesity, physical inactivity, and nutrition. With Saskatchewan's growing First Nations population and the propensity for diabetes to afflict Aboriginal peoples, the necessity exists to work ever more closely with First Nation communities to deal with the risks and results of the disease for this significant sector of our citizens.

Injury Hospitalization Rates

Injury is the leading cause of childhood death in Canada, and is a leading cause of hospitalizations among Saskatchewan children. According to the Canadian Institute of Child Health, Saskatchewan had the highest provincial rate of hospitalizations in 1996 due to injury for children and youth ages 0 to 19 years. Population health strategies have shown that injury prevention is possible, if it focuses on the risk factors involved. For example, targeting rural areas for increased awareness regarding farm injury can help reduce those injuries. Injury to children and youth can result in life-long disabilities, or even death. Children and youth living in Northern Saskatchewan have higher rates of injury compared to the rest of Saskatchewan.

Injury Hospitalization Rate per 1,000 Population Ages 0 to 19 Years

	Females			Males		
	2003/2004	2002/2003	2001/2002	2003/2004	2002/2003	2001/2002
PNHR	6.1	6.3	6.0	9.6	8.7	7.4
Sask.	7.1	6.5	6.7	11.1	9.3	10.4

Source: Saskatchewan Health

Prairie North Health Region's injury hospitalization rate for children and youth has remained relatively constant for females, but has increased steadily and sharply for males. Both remain below the provincial average in all three time periods presented, as the provincial rates for both males and females have risen. Consistent with the provincial trend, injury hospitalization rates for children and youth are considerably higher for boys than girls. Prairie North continues to focus on injury prevention through partnership initiatives including child safety seat and bicycle safety clinics.

Emerging Health Issues

West Nile Virus

Like 2004, the summer of 2005 was a quiet West Nile Virus (WNV) season following the large outbreak in 2003 in Saskatchewan and Alberta. Sixty WNV human infections were confirmed in Saskatchewan in 2005, compared to five in 2004, and 947 in 2003. Fifteen human infections were detected in PNHR in 2003: none in 2004 and 2005. This may have been due to the natural history of WNV or, like 2004, to cool summer weather. A few more years of monitoring this virus will help determine the long-term implications for WNV infection. Prairie North remains an active participant in the surveillance and prevention efforts for WNV in this province.

MRSA

Methicillin resistant staphylococcus aureus (MRSA) is an antibiotic resistant organism that has been present in low numbers in Saskatchewan for many years. It was seen primarily in hospitals until about five years ago when new strains of MRSA began to appear in the community. In our province, 'community acquired' MRSA was first detected in the northeast and has moved across the northern parts of Saskatchewan over the past few years. 'Community acquired' MRSA is now commonly seen in PNHR. Extra attention is being placed on infection control and antibiotic prescribing practices to try to control this and other antibiotic resistant organisms in hospital and in the community.

Influenza Pandemic Planning

Planning continues for what most experts believe is an inevitable pandemic of influenza in the near future. All departments within Prairie North Health Region are involved in reviewing and updating their plans and coordinating them with the Regional and provincial plans. PNHR continues to work with companies, community organizations and municipalities to ensure they are aware of the impact a pandemic will have on them and to ensure they are aware of their role in pandemic planning and response. Coordination and cooperation is required to minimize societal disruption during a pandemic.

2005-06 Results at a Glance

The past year has been one of tremendous progress and accomplishment for Prairie North Health Region. We focused on maintaining and strengthening our services and programming, moving forward on opportunities, and positioning the Region for the future. As you will see in the Summary and Performance Results which follow, Prairie North made significant strides toward achieving these goals.

Credit must be given to our leadership and management team in formulating our vision and holding us true to the course. Prairie North is successful because of our people in programs, services, facilities, and communities throughout the Region. Our staff, physicians, volunteers, colleagues, partners and communities are commended for their commitment and support in working with us to make Prairie North Health Region all it can be . . . . . a positive, progressive and effective organization that moves steadily closer to achieving our Vision of *"Healthy People in Health Communities"* by fulfilling our Mission of *"Working Together to Promote and Support Healthy Living in Healthy Communities."*

Prairie North's key organizational highlights of the past year can best be conveyed 'at a glance':

Province Commits to a New Saskatchewan Hospital - February 24, 2006

Over 300 people gathered at SHNB spontaneously applaud announcement of a new Saskatchewan Hospital.

The Smiles and Hugs Say It All

(Photo Left) Health Minister Len Taylor gets a hug from a former SHNB employee following the announcement. Minister of Healthy Living Services Graham Addley (left) joins in the SHNB event.

(Photo Right) Prairie North CEO David Fan couldn't be happier with the province's commitment.

Photo Credit: Doug Collie, Battlefords Publishing

Maidstone Integrated Health Facility Sod Turning - October 14, 2005

Health Minister John Nilson (centre) along with Prairie North CEO David Fan (from left), Board Chairperson Bonnie O'Grady, Maidstone Mayor Valerie Kenyon, and Chairperson of the Maidstone Integrated Health Project Steering Committee and Pine Island Lodge Corporation Don Young officially turned the sod for the new $14-million Maidstone Integrated Health Facility. Tender was awarded and construction started at the end of April 2006.

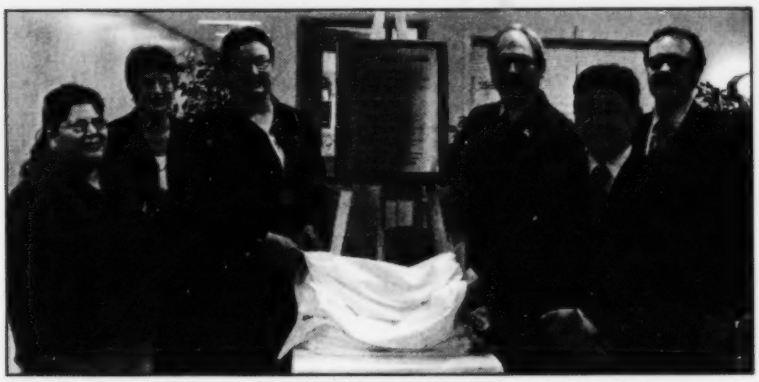
Lloydminster Hospital CT Service Official Opening - March 23, 2006

(From left) Dr. Lyle Oberg, AB Infrastructure & Transportation Minister; Bonnie O'Grady, PNRHA Chairperson; Darrel Howell, Lloydminster Region Health Foundation Board member; Len Taylor, SK Health Minister; Iris Evans, AB Health & Wellness Minister; John Lau, CEO Husky Energy; David Fan, PNRHA CEO; Ed Anderson, ECH Chairperson; Lloyd Snelgrove, Lloydminster AB MLA.

Lloydminster CT Staff (from left) Barb Moir, DI Coordinator; and Chantelle Belsheim, Deb George, and Charene Sutherland, MRT/CT Technologists post with the new machine.

Lloydminster CT Photos:
Don Whiting Photography, Lloydminster

Battlefords Union Hospital CT Grand Opening - January 13, 2006



(From left) Chief Pauline Okemow, Gold Eagle CDC; Joan Chartier, Director of Acute Care BUH; Bonnie O'Grady, PNRHA Chair; Len Taylor, SK Health Minister; David Fan, PNRHA CEO; and Ben Christensen, BUHF Chairperson unveil the project plaque.

BUH CT Technologist Tracy Walker discusses the new CT.

BUH CT Photos: Brian Zinchuk Photography, North Battleford

Goal 1 – Improved Access to Quality Health Services

- PNHR held informational sessions with health staff and local residents in seven communities to advance the Region's Primary Health Care agenda.
- PNHR increased the number of surgeries performed at its three largest hospitals to 4,287 – a jump of 38% over the year before.
- CT service was launched in The Battlefords and Lloydminster, with 813 scans performed between October 31, 2005 and March 31, 2006.
- A six-bed Transition Unit opened at Lloydminster Hospital on January 9, 2006 to provide rehabilitation support to acute and continuing care clients.

Goal 2 – Effective Health Promotion and Disease Prevention

- A third Population Health Promotion Coordinator was added in conjunction with Project Hope to ensure emphasis on substance abuse prevention.
- A public health nursing post-natal support component was formalized to strengthen Maternal/Child services.
- Public Health Inspectors continued enforcement of Saskatchewan's Tobacco Control Act.
- Further development of and education around the Region's Pandemic Plan remained a priority.

Goal 3 – Retain, Recruit and Train Health Providers

- PNHR increased the number of student placements it accommodated, as a recruitment initiative.
- A new Regional Employee Orientation Program was introduced in January 2006.
- PNHR entered into a Partnership Agreement to strengthen Aboriginal representation in the workforce.
- PNHR participated in the provincial Employee Opinion Survey in 2005, and is working toward making improvements in key areas identified in the survey.

Goal 4 – A Sustainable, Efficient, Accountable and Quality Health System

- PNHR proudly hosted Saskatchewan Health's announcement of a new $59 million Saskatchewan Hospital to be built in North Battleford.
- Sod was turned and tenders called for construction of the new Maidstone Integrated Health Facility.
- PNHR's Accreditation status was reaffirmed following a focus visit by the CCHSA.
- PNHR implemented a comprehensive Risk Management Program including critical incident reporting.
- A number of program enhancements were initiated at Lloydminster to meet the demands of a growing population.

Financial Summary

- PNHR ended the 2005-06 operating year with a $1.3 million surplus.
- PNHR significantly reinvested in facilities, programs and services in Lloydminster and successfully worked with East Central Health, Alberta to secure additional, ongoing support for these initiatives.
- Prairie North remained within the provincial target of 5% of total operating expenses for expenditures on its program support/administrative services.

2005-06 Performance Results

Prairie North Health Region embraces the opportunity to be accountable through the Annual Report for the initiatives we pursue, the dollars we spend, and the results we achieve.

Each spring through annual plans and budgets, the Health Region sets out a series of activities and initiatives to help us move further toward achieving our Goals. The Goals are those identified in our Strategic Plan and are directed toward actualizing our Vision of "Healthy People in Healthy Communities."

Throughout the year as we implement the elements approved in the annual Operating, Capital Management, and Capital Equipment Plans and Budgets, and the numerous program plans, we monitor our progress and make adjustments required along the way. As we prepare the coming year's plans and budgets, we assess the degree to which we've been able to meet our annual plans. Only by monitoring and assessing where we are can we tell how far we have come, and how far we have yet to go.

The results are used to help us map our priorities for the coming year and years ahead, in the overall context of our Strategic Plan. Adjustments are made to accommodate competing or changing priorities. The Strategic Plan itself is reviewed and revised to provide the overall direction for the annual plans.

Of course all of this is done in collaboration with Saskatchewan Health and in concert with the funding dollars provided through government. We monitor our progress and evaluate the results so that Saskatchewan Health and all of our stakeholders can assess our success. That success is measured not only in terms of whether we initiated or completed what we said we were going to do but, more importantly, that our actions and initiatives have a positive impact on the health of our patients and communities, and on the care and service we provide.

Goal 1: Improved Access to Quality Health Services

Improving access to quality health services is first and foremost about the patients, residents and clients we serve. It is about providing individuals with the care they need when they need it, as timely, efficiently and effectively as possible, with the right skills, expertise, and equipment, and in the most appropriate location. It is also about that service being the best we can provide with the resources we have. The client is the focus.

Most often, enhancing access equates to improving the way we provide service; targeting specific issues, areas, and opportunities; and integrating our expertise through teams and collaboration. Ensuring quality focuses on meeting or exceeding professional standards and using best practices in the provision of care and services.

Over the past year, Prairie North Health Region achieved significant success toward reaching our Goal of Improved Access to Quality Health Services. We did so through a combination of new initiatives and integration of resources to better link, plan and deliver services to patients and clients. We focused on advancing our Primary Health Care Plan. We added new programs and equipment such as CT service in The Battlefords and Lloydminster. We worked to reduce waitlists in key areas including early childhood and surgical services. We initiated reviews of diagnostic imaging, laboratory, pharmacy, mental health and addictions, and rehabilitation services to identify gaps, make better use of existing resources, and develop future direction.

Where we have been seriously challenged to meet our goal of improving access has been around shortages of key health care providers including physicians, registered nurses, nurse practitioners, medical laboratory and medical radiological technologists, pharmacists, and speech language pathologists, to name a few. Necessity has driven Prairie North to find creative solutions for the short and long term. Services in some locations have been realigned for varying periods of time in an effort to ensure alternate, albeit not optimum, access for patients. This realignment puts additional pressure on remaining care providers and cannot be sustained in the long term. Recruitment remains a primary focus.

Specifically, we experienced difficulty over the past year maintaining physician and nurse practitioner services at our Primary Health Care sites in Loon Lake/Goodsoil/Pierceland. The overlapping departure of the Primary Health Care physician at Goodsoil in April 2005 and of the PHC nurse practitioner at Loon Lake in August 2005 left the four-member complement of two PHC physicians and two NPs for the area at only half its strength.

Prairie North Health Region and residents of the Loon Lake/Goodsoil/Pierceland area deeply appreciate the efforts of the remaining Loon Lake physician and Goodsoil NP for maintaining regular patient service to the best of their ability. Regrettably, the Region had no choice but to suspend after hours and weekend emergency service at Goodsoil and Loon Lake. Patients had to seek emergency services elsewhere, primarily in Meadow Lake, resulting in increased workload pressures there. Prairie North extends appreciation to Meadow Lake physicians, nurses, and other health care providers for meeting the challenge of increased patient caseloads. The Region expects to have a full complement of two PHC physicians and two NPs in the Loon Lake/Goodsoil/Pierceland area early in 2006-07.

Ongoing physician vacancies at St. Walburg early in 2005-06, coupled with physician departures at Edam and then Turtleford resulted in challenges maintaining physician services in the Turtleford/Edam/St. Walburg area. Support from physicians in The Battlefords and Loon Lake helped sustain regular clinics at Edam and St. Walburg until new physicians arrived in St. Walburg in July 2005. The Goodsoil nurse practitioner also provided support to the St. Walburg clinic. The Health Region was successful in working with local and area municipalities to create the North Saskatchewan River Municipal Health Holdings organization to facilitate physician recruitment for the Turtleford/Edam/St. Walburg corridor. However, just prior to year end, the Region faced temporary suspension of 24/7 emergency physician services at Turtleford, until new physicians arrived early in 2006-07.

Actions and Results:

Objective - Responsive, Coordinated Primary Health Care

- The Region maintained Primary Health Care Teams at The Battlefords, Loon Lake, and Goodsoil/Pierceland PHC sites, despite the shortage of a PHC physician and nurse practitioner, as earlier discussed. Team members worked together and with community members, partners and organizations to promote health, and to plan and deliver health care services that benefit individuals, families, communities and populations.

- New clinic space was established in Pierceland where all PHC team members now provide services including mental health and addictions counselling, home care, public health nursing, speech-language pathology, occupational therapy, and nurse practitioner care.

- Goodsoil was approved as the location to pilot the potential for incorporating Telehealth service into Primary Health Care sites. It is anticipated this will be achieved in 2006-07.

- Primary Health Care staff conducted informational/educational sessions with health centre personnel in Edam, Turtleford, and St. Walburg, along with community health and hospital staff in Maidstone, in an effort to further expand and integrate services as part of primary health care teams.

- Community Development meetings were held in Glaslyn, Turtleford, Lashburn, and Pierceland to identify strengths and opportunities to partner with the communities in advancing Primary Health Care. More community development meetings will be held in other communities in 2006-07.

- Prairie North is participating in the Health Quality Council Chronic Disease Management Collaborative and has established a Chronic Disease Management Program focusing on diabetes and coronary heart disease. A Chronic Disease Management Coordinator has been hired and a leadership team established. Physicians from four health clinics in the Region are active members. The Collaborative aims to improve the coordination and management of care and services for individuals with chronic diseases, and to emphasize individuals' responsibility in ongoing management and prevention of conditions linked to their disease.

- PNHR undertook an initiative to reduce waitlists and improve access to speech-language pathology and early childhood psychology services. The Region hired an SLP/ECP assistant from May 2005 to September 2005 to update the waitlists. Each program modified its clinical activities to improve service delivery methods. By November 2005, the waitlist of children requiring assessment for speech and developmental concerns was virtually eliminated. During that period, both programs were fully staffed including addition of an SLP at Lloydminster. Subsequent staff turnover resulted in waitlists for SLP and ECP service, but with the earlier service delivery refinements and reintroduction in January 2006 of the SLP/ECP Assistant position, waitlists remained below earlier levels. The Region received support under the Health Quality Council's Technical Efficiency Fund to study and recommend further potential improvements in access to SLP/ECP service. The ongoing challenge is to ensure sustainable levels of service in the face of constantly changing staff numbers.

Objective - Reduce Waiting Times for Surgical Procedures

- Prairie North Health Region actively participated in the Saskatchewan Surgical Care Network in 2005-06 and is working to establish a Regional Surgical Services Sub-Committee that includes surgeons, anaesthetists, operating room managers from PNHR surgical sites in The Battlefords, Meadow Lake and Lloydminster, and surgical assistants. The process has begun with a review of surgical services staff and structure, along with surgical volumes, at the three sites.

- The Region maintained busy surgical programs at its two Regional Hospitals in Lloydminster and North Battleford, and at its District hospital in Meadow Lake. Two new surgeons were recruited to Lloydminster in 2005-06 to replace two others who departed. PNHR is working to recruit a third general surgeon for Lloydminster in 2006-07. The complement of surgeons in North Battleford remained stable at two, with recruitment of one new surgeon to replace one who left the RHA. Meadow Lake's complement of four GP/Surgeons remained stable until close to year end, when some turnover occurred. The complement quickly returned to its usual levels early in 2006-07. Anaesthetic service remained relatively stable in all three surgical sites, with service provided by a strong core of GP/Anaesthetists.

- As part of Saskatchewan Health's emphasis on reducing surgical wait times and at Sask Health's request, PNHR increased its surgical capacity in 2005-06 by expanding utilization of a third operating theatre at Battlefords Union Hospital. As a result, Prairie North performed 1,186 or 38% more surgeries in 2005-06 than it did in 2004-05. In total, 4,287 surgeries were done in PNHR last year, compared to 3,101 the year prior. As expected, costs rose sharply for OR staffing, plus surgical and medical supplies. PNHR is working with Saskatchewan Health to further assist with reduction of surgical waitlists for orthopaedics, ophthalmology, plastic surgery, and dental surgery, and to ensure adequate financial support is in place.

Objective - Improve Emergency Medical Care

- PNHR reached its target of having all eight of its contracted and Regionally-owned/operated ambulance services on a centrally dispatched 9-1-1 system in early 2005-06. The independent Onion Lake First Nations Ambulance Service is also now incorporated into the coordinated call system. The Region's Emergency Medical Services (EMS) handle approximately 8,000 calls annually. Centralized medical dispatch facilitates greater coordination of ambulance service to patients and among providers.

- Education, training, and support for First Responders in PNHR was enhanced in partnership with ambulance services in The Battlefords, St. Walburg, Meadow Lake and Lloydminster. First Responder instructors were designated in North Battleford, Meadow Lake and Lloydminster to conduct a total of three courses per year to expand First Responder ranks and refresh training for existing First Responders. Education includes more and more training with automatic external defibrillators which are priority pieces of equipment for many communities. In total, Prairie North conducted four First Responder courses in 2005-06, adding another 32 FRs to the Region's resources. PNHR has approximately 200 First Responder volunteers in 26 communities and in 12 of its 14 First Nations communities. One staff member from each of the Region's ambulance services has been assigned to serve as liaison with surrounding First Responder groups and communities.

- PNHR completed full implementation of the Emergency Room Physician Program that began in 2004-05 at Battlefords Union Hospital. BUH now has physicians on site to serve Emergency Room patients 24 hours a day, 365 days a year. The program functions with a hybrid of service between three full-time Emergency Room physicians contracted by Prairie North Health Region and general practitioners in the community, on a pre-determined schedule. The program ensures immediate physician care at BUH for patients in emergency situations, and makes better use of physician resources. Consistency in usage of triage protocols also helps ensure that patients with the most urgent and serious conditions are seen as quickly as possible.

- The Region partnered with Husky Energy and the City of Lloydminster to conduct a Mock Disaster exercise in Lloydminster on October 6, 2005. The exercise simulated the aftermath of a refinery explosion at the Husky site in the northwest area of Lloydminster, and tested the redeveloped emergency preparedness plan for Lloydminster Hospital and associated health services, along with Husky and the City's emergency response plans. The exercise was a success and served to identify strengths and areas for improvement in the respective plans.

- Prairie North also conducted two unexpected but real tests of its emergency preparedness plans for facilities and services in Battleford and Maidstone. The first was the week of June 20, 2005 at Battlefords District Care Centre in Battleford when flooding of the North Saskatchewan River prompted preparations for the potential evacuation of BDCC. The second was around August 24, 2005 in Maidstone when heavy rain deluged the community's sewer system prompting potential evacuation of Pine Island Lodge and Maidstone Hospital. Both emergencies passed without the need for relocation of residents and patients or closure of services. However, both threats required extensive preparation and readiness "just in case."

Objective - Improved Hospital, Specialized Services and Long-Term Care

- Computed Tomography (CT) service was launched in Prairie North Health Region at Battlefords Union Hospital October 31, 2005 and at Lloydminster Hospital January 11, 2006. Both projects included extensive renovation of their respective Diagnostic Imaging Departments along with significant upgrades of DI equipment to move away from traditional x-ray films toward a totally filmless environment. Both projects were eagerly anticipated by patients, staff, physicians, and communities. Introduction of CT service at PNHR's Regional Hospitals fulfilled the province's December 2001 commitment in *The Action Plan for Saskatchewan Health Care* to bring CT service to all Regional Hospitals.

- Highly successful Official Grand Openings of the CT services were held in The Battlefords on January 13, 2006 and in Lloydminster on March 23, 2006. Both projects were generously supported by their communities through Battlefords Union Hospital Foundation and Lloydminster Region Health Foundation. Husky Energy, East Central Health, and Alberta Infrastructure also provided financial support for the Lloydminster site.

- Operational reviews of the Region's pharmacy, laboratory and diagnostic services were conducted in 2005-06. Results of the studies were reviewed and shared, with plans for improvement to be developed in 2006-07.

- A comprehensive review of all Mental Health and Addictions Services in Prairie North Health Region was initiated to assess existing programs, and to identify strengths, opportunities, gaps, and areas for improvement. The Review is to be completed in June 2006, followed closely with development of a five-year plan for Mental Health and Addictions Services in PNHR.

- Prairie North began implementation of the Premier's provincial Project Hope initiative aimed at preventing substance abuse and lessening its harm to individuals - particularly youths - and families. Under Project Hope, PNHR hired a counsellor to work directly with at-risk youth around substance use and abuse. PNHR also implemented a Population Health Promotion position to ensure expertise in substance use and abuse prevention.

- The Region is reviewing the possibility of establishing social detox services in Prairie North.

- Maternal/Child programming throughout the Region collaborated to support and strengthen a comprehensive continuum of care for mothers and babies. Classes were held in communities across Prairie North to inform and educate new parents around their journey through pre-natal, birth, and post-natal experiences. The Managing Obstetrical Risk Efficiently (MOREOB) program was introduced at Lloydminster Hospital to enhance patient safety and focus on quality of care in obstetrical service. MOREOB is an innovative program of the Society of Obstetricians and Gynecologists of Canada and is intended to provide an atmosphere of common knowledge, open communication and teamwork for the benefit of mothers and newborns. In Lloydminster, 80% of physicians and nurses involved in obstetrical services completed phase one of the three-year program. A goal of the Maternal/Child team is to expand the program to acute care sites in The Battlefords and Meadow Lake.

- The Region's Post-Natal Program for mothers and babies after discharge from hospital was strengthened with designation of specific public health nurses to provide follow-up and support. A Babies First program was introduced in Lloydminster in partnership with the Midwest Family Connections organization to provide support and education for parents of children up to one year of age. The program consists of eight sessions run three times per year, with each session addressing a different topic. Child Health Clinics continue, and drop-in immunization clinics for children were implemented to improve access to the service for parents. Linkages with childhood therapeutic services were strengthened through Population Health Services.

- Prairie North established an Early Childhood Therapeutic Outreach Team to improve access and service to complex needs children and their families. A Paediatrician recruited to Lloydminster is part of the team, along with occupational therapy, physical therapy, speech language and early childhood professionals. Implementation of the program will begin in 2006-07.

- The Region implemented an Acquired Brain Injury program in Prairie North with hiring of an ABI coordinator.

- PNHR operates the province's only specialized psychiatric rehabilitation hospital. Saskatchewan Hospital North Battleford currently functions with 156 beds and includes the province's only Forensic Services Unit. The Forensic program has grown to accommodate approximately 190 admissions per year, from its original level of 40 in 1994. Plans around expansion of the 24-bed unit to 44 did not proceed in 2005-06 pending provincial consideration of the long-term future of SHNB.

- A six-bed Transition Unit was established and opened on January 9, 2006 at Lloydminster Hospital to better meet the care needs of patients no longer requiring acute care but requiring rehabilitation before returning home, and of long-term care residents requiring rehabilitation or added support before returning to long-term care from acute care. The program is closely linked to PNHR's Rehabilitation Services program, providing rehab and other supports to patients in the Transition Unit. Utilization of the transition service has been successful thus far in reducing transfers of Lloydminster Hospital patients to Maidstone facilities for convalescence, and of freeing up acute care beds in Lloydminster Hospital for acutely ill patients.

- PNHR initiated a review of all of our Rehabilitation Services to develop a plan in 2006-07 to improve access to and delivery of rehab services to clients. Rehab services have been incorporated into the Chronic Disease Management team, Early Childhood Therapeutic Outreach team, and Continuing Care services.

- As part of the continuum of care and in an effort to address an identified gap in Continuing Care services, PNHR opened a 10-space Enriched Housing Unit in an existing but underused wing of River Heights Lodge in North Battleford. The Unit is operating at capacity and has helped fill a need for individuals who require more support than Home Care can provide but who are not yet ready for placement in Long-Term Care.

- PNHR has endorsed development of a Personal Care Home by a non-profit community corporation in Paradise Hill for people who can no longer live independently, but who do not require placement in long-term care. The Paradise Hill Personal Care Home will be developed in 2006-07 by Paradise Hill Care Home Inc. in an unused portion of the former Paradise Hill Union Hospital. The pilot project may serve as a template for similar supportive housing ventures in other Prairie North Health Region communities.

Dashboard Indicators and Measurements:

Objective - Responsive, Coordinated Primary Health Care

INDICATOR: Percentage of RHA population with geographic proximity to primary health care teams.

"The Action Plan for Saskatchewan Health Care" calls for 25% of our province's population to have access to primary health care teams by 2006. The Plan targets 100% access by 2010. Access to Primary Health Care Teams is intricately tied to introduction of new Primary Health Care sites. The current provincial funding model for payment of primary health care physicians remains an impediment to establishment of new PHC sites. Overall shortages of physicians and nurse practitioners also negatively impact our ability to introduce new PHC sites.

Prairie North has been unable to introduce any new Primary Health Care sites in the past year and therefore has not increased the percentage of our population with geographic proximity to Primary Health Care Teams. PNHR's rate remains at just under 14%, virtually unchanged from the year prior. Provincially, the percentage of Saskatchewan's population with close access to PHC teams is 26.6%, a slight rise from the 23.1% level at the end of the previous year.

Percentage of Population with Geographic Proximity to Primary Health Care Teams

	2005-06	2004-05	Target 2006	Target 2010
PNHR	13.9%	13.8%	25%	100%
Sask.	23.1%	26.6%	25%	100%

Groundwork has been laid toward development of a new major primary health care site that would greatly increase the percentage of our population in close access to primary health care teams. The Region is optimistic of success in significantly increasing that percentage by the end of 2006-07.

Objective - Reduce Waiting Times for Surgical Procedures

INDICATOR: Number of surgical cases, and percentage of surgical cases performed as day surgery.

Prairie North Health Region increased its total number of surgical cases in the past year, thanks to relative stability in its surgeon and anaesthetist/GP anaesthetist numbers, and a concerted effort to perform more surgeries by expanding utilization of a third operating theatre at Battlefords Union Hospital. The initiative was part of Saskatchewan Health's goal of increasing surgical volumes of medically necessary procedures.

The total number of surgical cases conducted in Prairie North rose by over 38% in 2005-06, compared to the year prior. The percentage of those cases that were day surgeries fell slightly to 57.1%, from 59.2% in 2004-05. PNHR's day surgery percentages for both years, however, remained above provincial averages.

Number of Surgical Cases, and Percentage of Surgical Cases Performed as Day Surgery

	Total Surgical Cases		Percentage as Day Surgeries	
	2005-06	2004-05	2005-06	2004-05
PNHR	4,287	3,101	57.1%	59.2%
Sask.	74,864	69,677	54.4%	52.9%

INDICATOR: Percentage of Priority Level II, IV, and VI surgical cases completed within Saskatchewan's Target Time Frames.

This indicator shows the proportion of patients who have received their surgery within a specified time frame based on their condition and situation, according to Priority Levels and Target Time Frames established by the Saskatchewan Surgical Care Network and used by RHAs. According to the criteria, Priority Level II patients are to have their surgery within three weeks; Priority Level IV within three months; and Priority Level VI within 12 months. No one is to wait longer than 18 months for surgery.

Prairie North Health Region has been successful in achieving provincial targets of 95%, 80%, and 80% for Priority Level II, IV, and VI surgeries respectively. In fact, PNHR has exceeded those targets for Priority II and IV surgeries, as the chart below illustrates, even with the past year's overall increase in surgical volumes. Prairie North's percentage of surgeries completed within the target time frames is considerably higher than provincial averages.

Percentage of Surgeries Performed Within Target Time Frames

	Priority Level II		Priority Level IV		Priority Level VI	
	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05
PNHR	97.5%	80.8%	97.4%	95.9%	100%	100%
Sask.	56.3%	64.1%	65.1%	67.0%	84.2%	90.8%

Objective - Improved Hospital, Specialized Services and Long-Term Care

INDICATOR: Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans.

Prairie North began delivering CT services on October 31, 2005 in North Battleford and on January 11, 2006 in Lloydminster. The annual target for the Region of 1,500 exams per site had been revised by Sask Health to reflect the five months of service in The Battlefords and 2.5 months service in Lloydminster. The Region did not reach these revised targets which did not take into account difficulties that are to be reasonably expected with start up of any new service. Challenges around new equipment, new processes, new training for staff, and lack of radiologists to fully support the new service all impacted the number of patients served and scans performed. Regardless, patients who did undergo CT scans in The Battlefords or Lloydminster were pleased with being able to do so close to home and in a reasonable time frame.

CT Services - PNHR October 31, 2005 - March 31, 2006

	Actual Number of CT Exams	Target Number of CT Exams	Percentage of Target	Number of Patients
PNHR	813	1,875	43%	698

INDICATOR: Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB).

The average time for admission to SHNB has varied over the past five-year time frame from a minimum of 30 days in 2001-02 to a maximum of 57 days in 2000-01. Numbers for 2005/06 are not yet available.

Average Wait Time for Admission to SHNB

	Average Time Between Acceptance & Admission
2004/05	53 days
2003/04	38 days
2002/03	49 days
2001/02	30 days
2000/01	57 days

The admission time varies depending on a number of factors including the availability of beds for placements, the progress of individual clients toward discharge from the program, and the ability to discharge clients back to their home communities. SHNB functions at capacity with few, if any, beds vacant to accommodate immediate admissions. The indicator does not include admissions to the Forensics Unit. There is no wait time for forensic placements as individuals are admitted directly from the courts.

Goal 2: Effective Health Promotion and Disease Prevention

Prairie North Health Region strongly endorses the priority of moving our population toward an emphasis on being and staying healthy, and on individual and community responsibility for achieving and supporting healthy living and healthy environments.

PNHR took a significant step forward in 2004-05 in restructuring and strengthening our Population Health Services and focusing activities around our Population Health Promotion Plan. The Plan's priorities are mental well-being, accessible nutritious food, decreased substance use/abuse, and active communities. Numerous initiatives were undertaken in each of these priority areas in 2005-06. The true success of the overall Plan can be identified only over the long-term by measuring the health status of the population and monitoring the health status indicators discussed earlier in this report. On an ongoing basis, health systems must continue to target and monitor health issues individually and work to positively influence the factors that affect health.

We must remain mindful that health programs, services and systems alone cannot create and sustain the health of a population. Individuals, communities, and society as a whole - of which the health system is one part - must recognize and accept their responsibility for improving the health of the population and preventing disease.

The Region must be fully cognizant of health issues and concerns of the First Nations residents who comprise a significant segment of the population. Respecting First Nations authority and autonomy, Prairie North strives to work in partnership with Aboriginal communities and organizations to improve the health of their citizens seeking and using our services. Partnership and collaboration are key in striving to positively impact the many factors that influence health, such as education, economics, employment, and others. As discussed earlier, the health system alone cannot resolve the health issues facing Aboriginal people.

Actions and Results:

Objective - Better Promotion of Health and Disease Prevention

- PNHR strengthened its population health promotion with addition of a third Population Health Promotion Coordinator responsible for Meadow Lake and area. The position augmented those already based in North Battleford and Lloydminster. Creation of the position was facilitated by combining Population Health Promotion funds with Project Hope funds, consistent with the Population Health Promotion Plan priority of decreased substance use/abuse. The new health promotion position ensures a special emphasis on substance use/abuse, and enhances the Region's ability to provide strong health promotion services throughout the Region.

- The communities of Lloydminster and Meadow Lake have created Drug Strategy Committees, with Prairie North Health Region as one of the partners. The Committees are working to develop strategies for prevention and effective treatment management of drug abuse.

- Fetal Alcohol Spectrum Disorder (FASD) Committees were formed with community partners in Lloydminster, Meadow Lake, and North Battleford. An FASD conference was held in North Battleford on February 22, 2006 with over 200 people in attendance from many sectors and agencies across Prairie North. The conference targeted education around FASD for frontline workers.

- The Region's Parent Mentoring Program initiated and promoted development of a Community Garden in Meadow Lake to support accessible, nutritious food choices, as well as active living and mental well-being. The Community Garden project is now community-owned and operated, with Prairie North as one of the partners. Community Kitchens were continued in collaboration with the Good Food Box program in several locations in PNHR.

- Healthy Food Policies are being developed and implemented with schools throughout Prairie North. The Health Region is moving forward with development of similar policies for all of its facilities and programs.

- Body Image Kits were purchased and provided for schools in PNHR, promoting healthy eating, active living and mental well-being for the Region's youth. PNHR also trained and supports teachers around use of the kits and healthy body images for students. Parent Kits have been purchased and will be placed in libraries in selected locations in the Region.

- PNHR targeted its own employees with three distinct fitness challenge programs at separate times of the year. Participation rates were strong, as staff throughout the Region increased physical activity, focused on healthy food choices, and emphasized their own mental health.

- The Region conducted a review of its Public Health Nursing structure and services. The result was a move toward a program delivery format for PHN services. New positions were added at Lloydminster to meet greater program demands resulting from increases in mandated services including immunizations. As part of Prairie North's heightened emphasis on Maternal/Child services, a Public Health Nursing post-natal support component has been formalzed to ensure contact and follow-up with mothers and their infants within one day of their discharge from hospital. The number of Child Health Clinics in Lloydminster was increased to four days per week to meet the demands of the rapidly growing population in and around the Border City.

- Community/Population Health Services were relocated to a new expanded facility in Lloydminster in August 2005, co-locating with Home Care and Community Mental Health services at a single site. As the demand for all three programs continues to grow in the booming community, Prairie North is already challenged to provide additional appropriate space for ongoing expansion of Population Health programs and services.

- The Region's Harm Reduction Program was expanded to Meadow Lake. The needle exchange component aims to reduce risk in the community around used needles. The program also serves to reduce the risk and spread of disease for intravenous drug users. The program operates in North Battleford as well.

- A Region-wide Infection Control Program is now in place in PNHR facilities and sites. Completion and distribution of Infection Control Manuals and Policies has been the main accomplishment of the program in the past year, with ongoing education and training as the next focus.

- Public Health Inspectors continued enforcement of Saskatchewan's *Tobacco Control Act* which came into effect January 1, 2005. A total of 24 tickets for violation of the Act were laid in Prairie North Health Region in the first 15 months including 2005-06. Twelve tickets were voluntarily paid or fines levied following court appearances. The remaining 12 cases were withdrawn by the Crown or dismissed by the Court due to difficulties with processes around the legislation and enforcement.

- Under direction of the Region's Medical Health Officer, PNHR continued development of its Pandemic Plan to prepare for and respond to potential, future pandemic outbreak. Review and updating of the plan is ongoing

Objective - Improve the Health of Northern and Aboriginal Communities

- Prairie North Health Region maintained its partnership with Battlefords Tribal Council for continuation of Primary Health Care Services at Battlefords Family Health Centre in downtown North Battleford. Services are available to Aboriginals and non-Aboriginals. Through the Centre, PNHR operates a Sexual Health Clinic for the Region.

- First Nations partnerships continue through KidsFirst programs in North Battleford and Meadow Lake, targeting at-risk youth.
- PNHR entered into an agreement with Onion Lake First Nation to provide laboratory services to residents of the Onion Lake community.

Dashboard Indicators and Measurements:

Objective - Better Promotion of Health and Disease Prevention

INDICATOR: Percentage of facilities in compliance with The Tobacco Control Act in the category that includes: billiard halls/bingo establishments/bowling centres/casinos/restaurants/taverns.

Data for this mandatory indicator is not yet available due to system implementation issues at the provincial level.

Goal 3: Retain, Recruit and Train Health Providers

As discussed in the opening section of this report under "Who We Are - Key Risks to the Organization: Imperatives for Change," recruiting and retaining an adequate number of trained, competent employees to provide quality health care is the key to the future of our services, our Health Region, and the overall health system.

Consistent with the situation across our province, country, and globe, Prairie North is pressed to attract and keep health professionals spanning the wide spectrum of patient care, support, and administrative services we provide. A comprehensive, creative, and effective Health Human Resources Plan is essential to Prairie North's success in meeting each of our other Strategic Goals of improving access to quality health services; providing effective health promotion and disease prevention; and ensuring a sustainable, efficient, accountable and quality health system.

Prairie North dedicates significant time, energy and resources toward attracting health professionals in today's highly competitive and challenging market. Regardless of our actions and results, more always remains to be done. Shortages in key health professions including physicians, nurses, pharmacists, medical laboratory and radiographic technologists, therapists, and managers, to name a few, are ongoing.

Prairie North works at the local level to promote health professions to elementary, intermediate and high school students, as well as adults. However, increasing the supply of available health care providers is not Prairie North's alone to achieve. Programs, educational institutions, and governments must all work to improve the situation. Long-term solutions and support are essential. In the meantime, our Health Region continues to strive to do the best we can to attract, support and retain health providers. Challenges particularly abound in our rural locations and dictate the levels of service we can provide.

In the past year, Prairie North has achieved some success toward this goal. In addition to recruitment, we have focused much attention on improving our workplace with the aim of moving Prairie North to being a preferred health services employer.

Actions and Results:

Objective - Improve Utilization and Availability of Health Human Resources

- PNHR undertook a large number of recruitment activities in 2005-06 including attending Saskatchewan-based recruitment fairs; and advertising on websites, in newspapers, and in targeted publications of universities, colleges, and associations dedicated to pre-graduate and graduate health professionals.
- PNHR continued to facilitate student practicums through partnerships with educational institutions and establishment of supportive structures in the workplace. Clinical placement and summer student programs are provided. The Region participates in the Adopt-A-Student program for first-year medical students.
- Flexible orientation periods are provided to accommodate the needs of new recruits.
- A Regional Employee Orientation Program has been developed and introduced effective January 2006 to better facilitate, educate and support new employees' introduction to the workplace.
- Health Region representatives participated in high school career days throughout Prairie North, promoting health occupations to youth.
- A Regional Education Program has been implemented, focusing so far on mandatory educational requirements for health care providers.
- A Regional Performance Review Process is being developed and is close to implementation. A performance review tool has been trialed and revisions are underway.
- PNHR participated in and provided input to the Saskatchewan Health Workforce Action Plan., published in December 2005. The Region supports and is guided by the priorities of the Plan.
- Prairie North Health Region meets quarterly with regional management for SUN and CUPE, and maintains strong relationships with union management in sharing information, identifying problems and concerns, and working together toward acceptable solutions.

Objective - Develop Representative Work Places

- PNHR established and expanded its Representative Workforce Program with hiring in late March 2005 of a full-time Representative Workforce Coordinator. In the past year, the Program has been formalized and expanded to include numerous initiatives and contacts.
- Between October 2003 and the end of March 2006, a total of 1,294 PNHR employees or 45% of our workforce has taken Aboriginal Awareness Training.
- Presentations were made to approximately 500 Grade 10, 11, and 12 students in nine Aboriginal high schools in Prairie North around health care careers and training required.
- The Region assisted in developing the Battlefords Interagency Employment Circle where interested employers meet to discuss issues relating to Aboriginal Employment.
- Presentation was made to the Onion Lake First Nations Health Committee regarding PNHR's Representative Workforce Program.

- A brochure has been drafted regarding the Region's Representative Workforce Program. Finalization and distribution will come in 2006-07.

- PNHR signed a Partnership Agreement with its unions, Villa Pascal, SAHO, and Saskatchewan First Nations and Metis Relations on June 20, 2005 committing the parties to working collaboratively toward a representative workforce where Aboriginal people are employed in all classifications and at all levels in proportion to their representation in the working age population within the community or provincial population. Working together the opportunities for employment and strengthening of health care human reources are substantial for all parties now and into the future.

Objective - Create Healthier More Effective Work Places

- Prairie North Health Region participated with all other Saskatchewan RHAs in the provincial Employee Opinion Survey conducted in May and June 2005. Preliminary results of the survey were communicated to employees in December 2005, followed by more detailed roll-out of the findings, beginning in the spring of 2006. Priority for the year ahead is to develop and initiate a plan to make improvements in key areas identified by the survey respondents.

- PNHR completed, communicated and implemented a Regional Occupational Health and Safety Program. Responsibility for ongoing development and coordination of the program has been assigned to a specific individual.

- A Regional employee incident reporting system has been put in place. A Regional Return-to-Work program has been developed to facilitate employees' return to work following illness or injury, providing flexibility and support toward a healthy return to the workforce.

- Healthy Workplace Committees and health promotion activities are supported and encouraged at all worksites. Healthy Workplace Committees are in place at 50% of PNHR facilities.

- Communication and conflict resolution training has been provided to 10% of PNHR's staff. Leadership education and other courses have been provided to 75% of PNHR managers.

Dashboard Indicators and Measurements:

Objective - Improve Utilization and Availability of Health Human Resources

INDICATOR: Distribution of health system full time equivalents (FTEs) by affiliation.

This measure is a snapshot in time of the number of full-time equivalent positions working in Prairie North Health Region. Over the past three years, the total FTE complement has risen by 3.45% as Prairie North strives to meet growing demands for services in key sectors. Much of the increase has been related to positions at Lloydminster to more effectively align resources with the needs of the rapidly growing community. Numbers of registered nursing positions have stayed relatively constant as recruitment of RNs and RPNs remains difficult.

To help meet service and staffing demands, the Region has had to be creative around making the best use of our limited registered nursing resources, and using all nursing professionals to their full scope of practice.

Full-Time Equivalent Positions - Prairie North Health Region

	2005/06 (As At March 31, 2006)	2004/05 (As At March 31, 2005)	2003/04 (As At March 31, 2004)
Canadian Union of Public Employees (CUPE - Sask.)	1,202.30	1,165.39	1,143.36
Alberta Union of Provincial Employees (AUPE - Alberta)	89.01	88.75	88.63
Health Sciences Association of Saskatchewan (HSAS)	119.25	112.34	114.81
Out-of-Scope (OOS) - Sask.	137.89	126.55	128.13
Out-of-Scope (OOS) - Alberta*	10.96	Not previously reported	
Saskatchewan Union of Nurses (SUN)	377.26	378.75	378.78
United Nurses of Alberta (UNA)	13.66	13.51	13.65
TOTAL Full-Time Equivalents	1,950.33	1,885.29	1,867.36

** See Appendix 'C'*

INDICATOR: Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation.

Overtime hours have become an increasing concern for the health system. Overtime hours can be associated with understaffed areas or professions/positions that are hard to recruit or retain employees. Overtime hours tend to increase during periods of peak utilization and sick time. As sick time goes up and the available pool of employees diminishes, other staff must be brought in or kept on in overtime situations.

For Prairie North Health Region, the indicator shows that overtime and other premium hours increased collectively and separately over the past year for all unionized and non-unionized categories for which we have data available. The same holds true on a provincial basis for the identical affiliations.

The overall increase for PNHR is 13.54%, slightly lower than the provincial figure of 19.10% for the same Saskatchewan affiliations Prairie North has. Of the unionized affiliations, the largest increase in overtime hours was for registered nurses at 16.6%, compared provincially to a rise of 13.2%. Prairie North's overtime hours for CUPE employees rose 13.81%.

Factors contributing to the rise in wage driven hours per FTE include staff shortages and vacant positions, along with injuries and retirements requiring use of remaining resources in overtime or other premium situations. Prairie North continues its emphasis on recruitment to fill vacant positions and reduce the need for use of premium hours. To the same end, the Region is also working to reduce workplace injuries and improve the health of the workplace.

Number of Wage-Driven Premium Hours (Overtime and other Premiums) per FTE By Affiliation

	PNHR		Sask.	
	2005/06	2004/05	2005/06	2004/05
Canadian Union of Public Employees (CUPE - Sask.)	28.19	24.77	32.83	24.52
Alberta Union of Provincial Employees (AUPE - Alberta)	Not available	Not available	Not available	Not available
Health Sciences Association of Saskatchewan (HSAS)	22.35	21.47	24.75	20.88
Out-of-Scope (OOS) - Sask.	4.67	2.61	3.17	2.43
Out-of-Scope (OOS) - Alberta	Not available	Not available	Not available	Not available
Saskatchewan Union of Nurses (SUN)	94.51	81.03	72.44	63.99
United Nurses of Alberta (UNA)	Not available	Not available	Not available	Not available
TOTAL	39.67	34.94	33.30	27.96

Objective - Create healthier more effective work places

INDICATOR: Number of sick leave hours per full time equivalent (FTE) by affiliation.

This indicator measures the average number of hours each employee, by affiliation, is absent from his or her workplace due to illness or injury. Absence from scheduled work reflects not only employee illness, but the cumulative impact of a wide range of workplace issues including psychological stress, low staff morale, and employee dissatisfaction. Work absence also correlates closely with staff turnover, and is an indication of retention issues.

For Prairie North, sick leave hours have increased slightly overall for employees in the affiliations for which we have data. The provincial rate for the same four affiliations has fallen slightly from the year prior, and remains well below the level for PNHR. The numbers also indicate a slight decline in sick leave usage by registered nurses in Prairie North and in the province. Rates for CUPE and HSAS employees in Prairie North rose slightly in 2005-06 and are higher than the provincial average.

Prairie North is striving through Attendance Management and Healthy Workplace programs to address worklife issues that affect the overall health and well-being of our employees: issues around job satisfaction, staff morale, retention and recruitment, staff development, conflict resolution, education, and others. The Region is also working to provide employees with the skills and tools they can use for themselves and others to positively impact their own work health.

Number of Sick Leave Hours per FTE, By Affiliation

	PNHR		Sask.	
	2005/06	2004/05	2005/06	2004/05
Canadian Union of Public Employees (CUPE - Sask.)	92.79	90.01	90.60	95.26
Alberta Union of Provincial Employees (AUPE - Alberta)	Not available	Not available	Not available	Not available
Health Sciences Association of Saskatchewan (HSAS)	77.21	75.21	64.00	63.34
Out-of-Scope (OOS) - Sask.	44.69	49.46	48.09	48.12
Out-of-Scope (OOS) - Alberta	Not available	Not available	Not available	Not available
Saskatchewan Union of Nurses (SUN)	96.09	98.43	91.94	93.07
United Nurses of Alberta (UNA)	Not available	Not available	Not available	Not available
TOTAL	88.84	87.99	73.66	74.95

INDICATOR: Number of lost-time WCB claims per 100 full time equivalents (FTEs).

Improving safety in the workplace has become a priority for many public and private sector employers. Some sectors such as health care are more hazardous than others; however, opportunities exist in all sectors for organizations to improve their performance. Results include lower injury rates for employees, lower costs for the organization, improved employee relations and trust, and improved reliability and productivity, among other benefits. Workplace safety is not solely the responsibility of the employer. Individuals must also do their part to keep themselves, their co-workers, and their patients safe.

Prairie North Health Region and our employees work diligently to achieve and maintain a culture of safety in the workplace. The number of lost-time WCB claims per 100 FTEs has fallen 6.6% over the year prior and remains below the provincial number.

Number of Lost-Time WCB Claims per 100 FTEs		
	2005-06	2004-05
PNHR	7.30	8.75
Sask.	8.07	8.94

PNHR continues to emphasize workplace safety through occupational health and safety programs, education, awareness, risk management, and a commitment to safe work environments.

INDICATOR: Number of lost-time WCB days per 100 full time equivalents (FTEs).

This indicator should be viewed in conjunction with the number of lost-time WCB claims. The data (right) indicates that while Prairie North's number of lost-time days increased in 2005-06 compared to the year prior, the Region's number is 35% less than the provincial average which also rose last year. PNHR's increase in lost-time WCB days over 2004-05 is believed to be due to better compliance by managers and staff with reporting of workplace injuries. While the number of lost-time days is up, reporting of claims facilitates better determination of injuries and reduction in actual claims. Injury situations are examined quickly and effectively with the goal of reducing or eliminating the risk of further serious injury to employees that could lead to longer, more serious WCB claims.

Number of Lost-Time WCB Days per 100 FTEs		
	2005-06	2004-05
PNHR	289.11	243.35
Sask.	447.10	419.10

Goal 4: A Sustainable, Efficient, Accountable & Quality Health System

The past fiscal year has been about managing change, growth and sustainability for Prairie North Health Region. We focused on achieving efficiencies where possible and appropriate. We undertook a number of program and operational reviews to help us identify areas for improvement in how we deliver care and service, how we can make the best use of our resources, and how we can maintain these services and programs into the future in light of ongoing human resource and cost pressures.

We emphasized quality improvement in the care and services we provide, in our monitoring and reporting on activities and indicators, and in engendering a culture of quality and safety throughout the organization. We continued to make change where we must to ensure long-term access to services for patients and clients. As indicated earlier in this report, the availability of health human resources was the key driver behind changes we had to make primarily in our rural communities. Conversely, we took significant steps to reinvest financial and human resources where rapidly growing needs demanded. We continued to strive to match services to available resources, and align resources to address needs.

Overall, we remained accountable to those we serve, to our staff, our communities, partners, and the public at large. Prairie North worked to maintain strong, positive working relationships with other agencies, organizations and with Saskatchewan Health. We take this opportunity to thank the Department of Health for its cooperation and support throughout the year. We particularly acknowledge the direction and leadership provided to us by former Minister of Health John Nilson and by his successor Len Taylor. It is through your support - past, present, and future - that Prairie North moves ever closer to achieving our Goal of a Sustainable, Efficient, Accountable, and Quality Health System.

Our most significant achievement over the past year was in securing a commitment from the province to replace Saskatchewan Hospital. Prairie North expresses appreciation to all those - past and present - who worked tirelessly over the years to move the project to the top of the province's agenda. Over 300 people packed the SHNB Cafeteria to hear the February 24, 2006 announcement from Health Minister Len Taylor. Functional program planning will be done over the next 18 months to two years, followed by construction start in 2008 and completion of the new facility targeted for 2010. The $59 million commitment from the province solidifies Sask Hospital's future in The Battlefords and helps ensure quality, sustainable psychiatric rehabilitation services for patients in need.

Actions and Results:

Objective - Ensure Quality, Effective Health Care

- Prairie North Health Region fulfilled its 2004 CCHSA Accreditation award by providing our progress report on four key recommendations by the December 31, 2005 deadline. The report was followed by a Focus Visit on March 17, 2006. Prairie North's Accreditation was reconfirmed. The Region was commended for significant progress since our first Regional survey in October 2004, and for our Regional commitment to Continuous Quality Improvement. PNHR's next Accreditation survey is set for June 2007 and will focus on patient safety.
- The Region's Health Quality Programs Unit furthered its aim of instilling a culture of Continuous Quality Improvement throughout the organization. CQI Teams met and reported regularly through the CQI Leadership Team around goals, objectives, and progress. Educational sessions were held for CQI Team members October 3 and 20, 2005 to further assist CQI Teams support and implement the CQI process.

- A Regional Ethics process has been establshed to help provide guidance and support around ethical decision-making for clients and health providers. A Regional Ethics Review Board provides ethical review of applications for research proposals. Community Ethics Committees are functioning in Lloydminster, The Battlefords and Meadow Lake, including rural health service areas. Providing support to these Committees and the Regional Ethics Review Board is the Regional Ethics Committee which is responsible for development and implementation of Regional policies that address or pertain to ethical issues.

- PNHR developed and implemented a comprehensive Risk Management Program focusing on organizational, staff and client risk. A Regional employee incident reporting system was implemented to identify and plan around priorities to address workplace risks. A Regional Occupational Health and Safety Program was introduced. Staff education around the policieis and responsibilities for OH&S were conducted via Telehealth around the Region. A plan has been developed for implementation of Safety Engineered Sharps Devices (SEDS) program, mandated by the province. Mask fit-testing for employees continued.

- As required by legislation, Prairie North has implemented the Client Critical Incident Reporting Program. Education sessions for staff were conducted around what and how to report, as well as timeframes required for reporting. The process continues with review and assessment of occurrences and root cause analysis. Strategies are then developed and implemented to prevent future occurrences.

- The Region furthered awareness, education, and compliance around the requirements of the provincial Health Information Protection Act. Staff education sessions were held throughout the Region. Privacy policies were developed and implemented. A patient brochure was produced and made available at our program and service sites. The province's Privacy Commissioenr visited Prairie North on September 8, 2005 and participated in a Region-wide Telehealth rollout and education session for staff about HIPA. A Regional Privacy Steering Committee is in place to continue to address privacy issues and assist in the development of additional policies.

Objective - Appropriate Governance, Accountability and Management for the Health Sector

- Prairie North RHA welcomed four new members to its Board of Directors in February 2006, following appointments by the Minister of Health. The new members participated in orientation training regarding their roles and responsibilities with the Authority. The Board also reviewed, and revised or reaffirmed all of its Governance policies during 2005-06.

- PNHR fulfilled its planning and reporting requirements to Saskatchewan Health around financial, human resource, capital, information management, and primary health services. The Region communicated its 2005-06 operating, capital equipment, and capital management plan to its staff, stakeholders, and the public. Prairie North's 2004-05 Annual Report was completed and shared with staff and stakeholders, as well as being posted on the Region's website.

- Region officials met publicly with residents of Loon Lake and Goodsoil around interim changes that had to be made to emergency services in the area due to a lack of human resources. The Region also communicated regularly with residents in the Turtleford, Edam and St. Walburg areas regarding intermittent changes to access and availability of physician, nursing and emergency services at their local health facilities.

- PNHR developed an in-house Biomedical Engineering Department to reduce costs associated with service contracts and out-sourcing of repairs to medical equipment and systems. An effective preventative maintenance program is expected to improve patient care and service delivery thanks to properly functioning equipment and systems.

- Prairie North undertook a $1.5 million renovation project at Battlefords Union Hospital to improve the heating, ventilation, and air conditioning (HVAC) systems on the main and lower floor of the building, to improve energy efficiency and reduce costs. The renovations also included installation of sprinkler systems in the main and lower floors and renovated the Diagnostic Imaging Department to accommodate CT service.

- $1.2 million in renovations to Lloydminster Hospital were done to facilitate introduction of CT service and to expand and renovate the Diagnostic Imaging Department. Renovations included relocation of Pharmacy services to the second floor of the hospital and relocation of offices for Lloydminster Region Health Foundation to provide more space, and accommodate DI expansion.

- Community Health Services at Lloydminster were consolidated into a single site in August 2005 with purchase, renovation and expansion of the former Home Care building in 2004-05. In addition to improving access to Home Care, Community/Population Health, and Mental Health/Community Counselling services in Lloydminster, the new site eliminates lease costs elsewhere in the community and locates the programs in a Region-owned facility.

- PNHR initiated a number of program enhancements in Lloydminster with additional funding of $1.1 million from East Central Health to help meet the health care and service needs of the rapidly growing community and area population. Enhancements were made to Maternal/Child services, Chronic Disease Management, Early Childhood Assessment, Rehabilitation and Respiratory Therapy programs, and introduction of a six-bed Sub-Acute Transition Unit at Lloydminster Hospital.

- The Region strengthened its Information Technology resources to better support existing IT system needs, and to implement new IT systems and technologies as required in cooperation and collaboration with provincial initiatives.

- PNHR conducted reviews of its Pharmacy, Laboratory, and Diagnostic Imaging services throughout the Region to identify strengths, gaps, and opportunities to improve service and make the best possible use of human, equipment, and financial resources in these areas. Results of the reviews are to be shared with staff, along with development and implementation of plans around the Reviews' recommendations.

- Prairie North worked with physicians, communities and surrounding rural municipalities to assist with creation of the North Saskatchewan River Municipal Health Holdings organization at Turtleford, effective May 1, 2005. The aim of NSRMHH is to assist in recruitment and retention of physicians for the Turtleford/Edam/St. Walburg area, ensuring group physician practice and emergency services out of only the Turtleford site.

Objective - Sustain Publicly Funded and Publicly Administered Medicare

- As discussed elsewhere in this Report, the government's commitment to replace and redevelop Saskatchewan Hospital North Battleford, in partnership with Prairie North Health Region, will sustain the long-term future of inpatient psychiatric rehabilitation services for the province. The $59 million commitment was announced on February 24, 2006 by the Minister of Health at SHNB. Two years of planning will occur before construction begins in 2008. Completion is set for 2010. Prairie North is intricately involved in the planning and development process with Saskatchewan Health and Saskatchewan Property Management which owns the existing building and grounds. The current facility is 92 years old. The vision is that the new facility and its programs will serve its patients, staff, community, and province as well and potentially as long.

- Sod was turned and tenders were called for development of the new Maidstone Integrated Health Facility in Maidstone, to replace the Pine Island Lodge long-term care facility, renovate and expand Maidstone Union Hospital, and consolidate all health services in the community at a single site. Funding for the $14 million project is in place, with 65% from the province and 35% as the local share. Construction began in early 2006-07 with completion anticipated in the fall of 2007. The new facility will help carry quality, effective, sustainable health services for Maidstone and area residents into the future through improved efficiency and best use of available human resources. The modern, improved environment also enhances the quality of life for patients and residents, and the quality of work life for staff.

- PNHR continued its support of East Central Health's plan to develop a 60-bed Supportive Housing project at Lloydminster to meet the current and future needs of individuals who require assistance with daily living beyond what Home Care is able to provide, but who are not yet ready for placement in long-term care. Construction of the Dr. Cooke Supportive Housing complex is to begin early in 2006-07. Prairie North continues to collaborate with ECH toward redevelopment of the Dr. Cooke Extended Care Centre at Lloydminster. Together, the two projects will serve to address growing pressures for Continuing Care services for Lloydminster and area.

- Prairie North Board members and senior managers worked closely with East Central Health, Alberta to secure adequate resources to maintain and expand services at Lloydminster to meet escalating demands due to continual, rapid population growth. Representatives from both health regions met regularly through the East Central Health/ Prairie North Collaboration Committee to discuss and work to address ongoing issues, concerns and priorities. The two Regions must partner to ensure sustainable services for the Border City and area. PNHR secured $1.1 million in additional funding from ECH in 2005-06 for expanded programs and services for Lloydminster.

- PNHR maintained strong relationships with its major community fundraising organizations, including Lloydminster Region Health Foundation and Battlefords Union Hospital Foundation to support ongoing needs for equipment at Lloydminster Hospital and BUH. Both organizations, as well as Auxiliaries, other Foundations, Trust Funds, community groups and individuals generously contributed in support of patients, staff, and facilities throughout the Region. Ongoing public support is vital to sustaining the health system now and into the future.

Dashboard Indicators and Measurements:

Objective - Ensure Quality, Effective Health Care

INDICATOR: Percentage of critical incidents meeting timeframe for notification (three days).

All RHAs are required by legislation to notify Saskatchewan Health of any and all critical incidents within three business days after the day on which the incident occurs or the RHA first becomes aware of the criticial incident. Sask Health is also to be notified of all critical incidents that occur in a Health Care Organization (HCO) within six business days after the day on which the incident occurs or within three business days after the day on which the RHA first becomes aware of the incident. These reporting requirements came into effect in September 2004 with proclamation of *The Regional Health Services Amendment Act*.

A critical incident is defined as a serious adverse health event including but not limited to the actual or potential loss of life, limb or function related to a health service provided by a program operated by an RHA or an HCO. The number of critical incidents reported by an RHA or HCO is anticipated to increase over time as a culture of open discussion and reporting of incidents develops, along with increased awareness of the reporting requirements.

During the first full year under the new legislation, Prairie North was 100% compliant in reporting critical incidents to Saskatchewan Health within the three-day time period.

Percentage of Critical Incidents Meeting Timeframe for Notification (3 Days)

	2005/06
PNHR	100%
Sask.	96.9%

INDICATOR: Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days).

Data is currently not available for the complete 2005-06 fiscal year. Data on written report submission will always lag by up to six months because of the timeframe in which reports may be submitted.

Objective - Appropriate Governance, Accountability and Management for the Health Sector

INDICATOR: Key activities undertaken by RHA to address public confidence reported.

Each Health Region is expected to undertake a significant level of activity over the fiscal year to address situations that affect public confidence in current health services and the future direction of the health region or health system, or to influence public opinion. These activities can be Region-wide program or service initiatives, or communications activities. Reports including details of those activities are to be provided quarterly to Saskatchewan Health. The indicator measures whether the reports were provided. For Prairie North Health Region, the answer is yes.

Key Activities Undertaken by PNHR to Address Public Confidence Reported - 2005/06 (Yes/No Indicator)

Quarter 1 April - June, 2005	Quarter 2 July - Sept. 2005	Quarter 3 Oct. - Dec. 2005	Quarter 4 Jan. - March 2006
Yes	Yes	Yes	Yes

Among the activities undertaken were: delivery of a balanced budget; monthly Board meetings open to the public; introduction of CT services in The Battlefords and Lloydminster; sharing of the Region's Pandemic preparedness plan; recruiting new surgeons to The Battlefords and Lloydminster; participating in a Mock Disaster exercise to test emergency preparedness plans; hosting a public sod turning event for the new Maidstone Integrated Health Project; regular monthly reporting from Board meetings; development and distribution of public information materials; ongoing communication through local media, and participating in the CCHSA Accreditation program to ensure our services and programs meet national standards.

Financial Summary

Prairie North Health Region enjoyed strong financial success in the past year in terms of achieving what we set out to do in our 2005-06 budget approved by the Board and released on May 25, 2005. The operating budget called for balanced revenues and expenditures of $146.5 million. A further $2 million was to be spent on capital equipment acquisitions, and $3.79 million was targeted toward capital projects. The operational and capital plans were aimed at maintaining and strengthening services and programs, while moving forward on opportunities and positioning Prairie North Health Region for the future. Overall, the Region succeeded in these objectives.

The Region achieved a significant operating surplus at year end, as discussed in greater detail below. No structural changes such as facility conversions or closures for financial reasons were planned or undertaken. The Region moved on the several priority capital projects it identified for 2005-06, and purchased new equipment according to its 2005-06 capital equipment plan.

Prairie North significantly reinvested in facilities, programs and services in Lloydminster and received $1.1 million in additional support from East Central Health for these initiatives.

Financial contributions continued to be strong throughout the Region from Foundations, Auxiliaries, Trust Funds, community organizations, and individuals to help support patients, staff, facilities and programs.

The Region significantly improved its cash flow position over the year, thanks to the strong surplus position. But while the surplus itself is a positive achievement, it is also an indicator of a challenge elsewhere in the organization. As discussed below, the surplus is primarily due to monies not being expended on salaries and benefits for a variety of staff positions vacant at differing points of the year in various sectors of the health region. While the dollars remain, staff turnover and inability to fill hard-to-recruit positions challenges the orgainzation to maintain services and programs. Staff vacancies result in added pressure on existing employees, and have the potential to lead to financial pressures for overtime, sick time, and other workplace issues. Prairie North continues to work on recruitment and retention, as well as other human resource, workload, and work environment issues to help ensure our long-term employee and financial strength.

Looking ahead, Prairie North plans to reinvest its 2005-06 surplus monies in one-time capital expenditures in 2006-07 to help address capital equipment needs.

Actions and Results:

- Prairie North Health Region ended the 2005-06 fiscal year with an operating surplus of $1,333,999. The figure is considerably greater than the $5,000 surplus projected in the 2005-06 operating budget. The variance is due almost entirely to unexpended amounts for salaries due to staff turnover, vacant positions, and vacancy management.
- Total operating revenues for Prairie North for 2005-06 were $152,578,536, four per cent higher than the budgeted forecast of $146,522,920. The increase is attributed to receipt of additional funding from Saskatchewan Health to cover payments under new collective bargaining agreements.
- Total operating expenses for PNHR for 2005-06 were $151,244,626, three per cent higher than the budgeted amount of $146,517,996. Increased costs for medical and surgical supplies, along with the additional dollars paid out under new collective agreements were responsible for much of the variance.

Dashboard Indicators and Measurements:

INDICATOR: Number of days able to operate with working capital.

Working capital is a measure of the wealth of an organization to conduct its day-to-day business or operations. It is an indicator of an agency's ability to meet its current financial obligations through management of current assets and current liabilities. Prairie North Health Region's working capital position has gradually strengthened as the Region's overall financial position has moved from a deficit to a balanced or surplus level. The Region has moved considerably closer to a favourable working capital position in terms of the number days it would be able to operate without a further infusion of revenue.

PNHR Number of Days Able to Operate With Working Capital

2005/06	2004/05
(0.08)	(2.31)

This indicator is a measure of the Region's liquidity. While Prairie North is still in a negative position in terms of the number of days it would be able to operate without added revenues, the negative 0.08 level is a substantial improvement from the negative 2.31 days position of 2004-05, and the negative 2.79 days of 2003-04. Only three of Saskatchewan's 13 health authorities are in a positive position in terms of days able to operate with their working capital. Of the remaining 10, Prairie North is closest to achieving a positive number.

INDICATOR: Surplus/deficit; as a percentage of actual operating expenditures.

Surplus/deficit as a percentage of actual operating expenditures is a measure of financial viability and the relative financial health of an organization. Financial viability refers to a Region's ability to fund growth, new programs, working capital needs and new equipment through an excess of revenues over expenses. Financial viability is the net result of a Region's managerial policies and decisions. A satisfactory result will depend on expenditure and revenue management. Effective use of human, physicial and financial resources will produce the desired positive result.

All Saskatchewan Health Regions are required to establish balanced budgets for yearly operations. Prairie North has moved from a deficit of $1.2 million for 2002-03, to a $1.3 million surplus for 2005-06. While the surplus is still less than 1% of operating expenses, it is moving in the right direction. The optimal percentage value is one that is sufficiently high to provide a Region with the funds to maintain and improve the quality of care, but not so high as to indicate the Region is not fulfilling its mandate.

PNHR Surplus (Deficit), and Surplus (Deficit) as a Percentage of Actual Operating Expenditures

	Dollars	% of Actual Operating Expenditures
2005/06	$1,334,000	0.9%
2004/05	$406,213	0.3%

INDICATOR: Expenditures in program support funding pool as a percentage of total RHA operating expenditures.

This indicator measures how much a health region spends on administrative services relative to its total operating costs. While most Regional Health Authority staff provide services directly to patients/clients/residents, other staff are required to manage operations, hire employees, pay bills, and perform other corporate service functions. In general, the goal of corporate management is to support the operations of the Region at the lowest possible cost. Saskatchewan Health has set 5% as the target of Program Support Services expenditures as a percentage of total RHA operating expenses for all but the two northern health regions.

Prairie North remains below the 5% target. We continue to strive for efficiencies throughout our programs and services, as well as in our program support functions to improve overall effectiveness and maintain a strong, responsive and responsible financial position.

Expenditures in Program Support Funding Pool as a Percentage of Total PNRHA Operating Expenditures

2005/06	2004/05
4.5%	4.2%

Future Outlook/Emerging Issues

Prairie North Health Region is "cautiously optimistic" about the future as we strive to achieve our Vision of "Healthy People in Healthy Communities." The year ahead promises to be an exciting one, with construction of the new Maidstone Integrated Health Facility underway and planning moving into high gear for the pending replacement of Saskatchewan Hospital North Battleford.

A spring 2006 construction start on East Central Health's Dr. Cooke Supportive Housing Complex at Lloydminster brings positive prospects toward the next phase of redevelopment of the Dr. Cooke Extended Care Centre. Functional programming is expected to begin in 2006-07 for a combination of upgrading and replacement of the 55-bed long-term care home owned by ECH and operated by Prairie North. Together, the Dr. Cooke projects will go a long way to relieving pressures on Continuing Care services for Lloydminster and area.

Over the next three to five years, Prairie North must look at a number of other major capital projects as high priority concerns. These include developing a project proposal for Saskatchewan Health consideration on total replacement of Northland Pioneers Lodge in Meadow Lake, and proceeding with functional programming for expansion and redevelopment of Lloydminster Hospital. In the interim, Prairie North must move in 2006-07 to replace the roof at Lloydminster Hospital. Funding has been set aside and agreement reached with ECH to address this priority capital maintenance project.

The Region must also keep in its sights the need for redevelopment and upgrading of Battlefords Union Hospital and for eventual replacement of the 65-year-old Battlefords District Care Centre long-term care facility.

Prairie North has an ongoing need to replace aging and obsolete equipment throughout our facilities and programs. We are taking the opportunity of our $1.3 million surplus position from 2005-06 to reinvest the entire amount in much-needed capital equipment Region-wide. The emphasis will be on basic, essential items such as beds, and key diagnostic and surgical equipment. The Region will remain pressured in 2006-07 and beyond to meet the continual requirements for capital equipment, and will no doubt maintain its significant reliance on community generosity and fundraising supports to address these ongoing needs.

As discussed earlier in this report, the biggest challenge to the long-term sustainability of our programs and services is the availability of health human resources. We will continue to explore creative solutions to these challenges, including cross-training for employees, maximizing scope of practice, program amalgamation, service realignment, multi-site work options, and other initiatives to match service provision with available human resources. We must also continue to look for efficiencies in the way we deliver services - again, to make the best use of our financial and employee resources.

As one of the few health regions in Saskatchewan whose population is growing, Prairie North must keep a close watch on the health needs of its residents and be flexible and progressive in adjusting or enhancing its programs and services to meet those needs. This is particularly true in the case of Lloydminster. The population of the city and area is expected to maintain its rapid growth on both sides of the Saskatchewan/Alberta border. Strict attention must be paid to these demographics to enhance or expand services where required. Pressures on existing staff, programs, and facilities continue to mount. Collaboration between Prairie North and East Central Health regions, and the two provincial jurisdictions is essential in addressing the issues and demands that are uniquely Lloydminster.

In relation to provincial priorities, Prairie North will continue to work toward meeting the expectations of the Saskatchewan Surgical Care Network, the Premier's Project Hope emphasis on substance use and abuse prevention, pandemic planning, and implementation of province-wide mandated information technology infrastructures and programs. The Region is pressured to meet these demands with existing financial and human resources. Additional support will be required to ensure management of, participation in and compliance with these expectations.

A further significant pressure for Prairie North Health Region surrounds the provincial Forensics Program at Saskatchewan Hospital. Our ability to meet the growing demand for Clinical Forensic Services is contingent on adequate resources. Prairie North has the opportunity in pending redevelopment of Saskatchewan Hospital to plan for current and future needs of the Forensics Program. In the meantime, the Region must look at ensuring adequate resources to manage workloads and needs.

Prairie North remains challenged to move forward on the Primary Health Care agenda, due to shortages of physicians and nurse practitioners, as well limited ability to attract Primary Health Care physicians under the current PHC funding models. Creativity and flexibility are necessary at the Regional and provincial level in expanding Primary Health Care services. PNHR is optimistic of a major opportunity to move forward on Primary Health Care in the near future, however, a number of factors must first be overcome and issues and concerns satisfactorily addressed.

As we have repeatedly indicated, escalating costs and increasing difficulty with recruitment and retention of healthcare workers will ultimately determine the long-term viability and sustainability of our health facilities, services and programs, particularly in rural locations. A rural health strategy needs to be developed which includes an emphasis on emergency medical response/ambulance services as a critical element.

Ongoing recruitment, retention, training, and education of health professionals through all sectors of our organization is central to our future success.

Management Report

May 12, 2006

PRAIRIE NORTH HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prairie North Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the records, Management and Board of Directors of the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

David Fan
Chief Executive Officer

Jerry Keller
Chief Financial Officer

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Canada

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Deloitte.

AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF
PRAIRIE NORTH REGIONAL HEALTH AUTHORITY

TO THE MEMBERS OF THE LEGISLATIVE ASSEMBLY

We have audited the statement of financial position of Prairie North Regional Health Authority (the "Authority") as at March 31, 2006 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2006 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

May 12, 2006

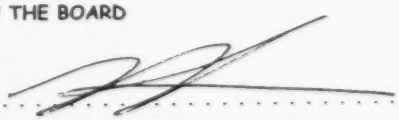
Member of
Deloitte Touche Tohmatsu

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
as at March 31, 2006

(in thousands of dollars)	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2006	Total 2005
ASSETS					
Current assets					
Cash and short-term investments (Schedule 2)	$ 13,144	$ (1,550)	$ 1,921	$ 13,515	$ 17,333
Accounts receivable					
Saskatchewan Health - General Revenue Fund	3,859	1,088	-	4,947	306
Other	2,696	2,442	-	5,138	1,799
Inventory	1,373	-	-	1,373	1,570
Prepaid expenses	1,273	-	-	1,273	1,289
	22,345	1,980	1,921	26,246	22,297
Investments (Schedule 2)					
Market ($1,665; 2005 - $2,790)	1,338	282	-	1,620	2,647
Capital assets (Note 3)	-	47,670	-	47,670	43,987
TOTAL ASSETS	$ 23,683	$ 49,932	$ 1,921	$ 75,536	$ 68,931
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 5,563	$ 161	$ 22	$ 5,746	$ 3,626
Accrued salaries payable	7,232	-	-	7,232	3,582
Accrued vacation payable	8,665	-	-	8,665	7,636
Current portion of mortgages payable (Note 5)	-	404	-	404	393
Deferred revenue (Note 6)	1,540	-	-	1,540	1,850
	23,000	565	22	23,587	17,087
Mortgages payable (Note 5)	-	6,170	-	6,170	6,331
TOTAL LIABILITIES	23,000	6,735	22	29,757	23,418
Fund balances:					
Invested in capital assets	-	41,096	-	41,096	37,264
Externally restricted (Schedule 3)	-	-	1,899	1,899	2,472
Internally restricted (Schedule 4)	312	2,101	-	2,413	6,253
Unrestricted	371	-	-	371	(476)
TOTAL FUND BALANCES	683	43,197	1,899	45,779	45,513
TOTAL LIABILITIES AND FUND BALANCES	$ 23,683	$ 49,932	$ 1,921	$ 75,536	$ 68,931

See accompanying notes

APPROVED BY THE BOARD



..... Director
Vicki Helm

..... Director
Muriel Conacher

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
for the year ended March 31, 2006

(in thousands of dollars)	Operating Fund			Restricted Funds			
	Budget 2006 (Note 12)	2006	2005	Capital Fund 2006	Community Trust Fund 2006	Total 2006	Total 2005
REVENUES							
Saskatchewan Health - General Revenue	$ 112,700	$ 118,352	$ 105,603	$ 2,130	$ -	$ 2,130	$ 5,470
Other Provincial Revenue	698	751	596	-	-	-	-
Federal Government Revenue	283	211	224	166	-	166	150
Funding from Other Provinces	16,006	16,680	15,050	637	-	637	164
Special Funded Programs	2,280	2,268	2,301	-	-	-	-
Patient Fees	9,922	9,480	9,463	-	-	-	-
Out of Province Revenue (Reciprocal)	1,226	1,469	1,161	-	-	-	-
Out of Country Revenue	42	9	40	-	-	-	-
Donations	408	188	355	2,702	58	2,760	591
Investment Income	335	493	284	79	55	134	105
Ancillary Revenue	142	127	336	-	-	-	-
Recoveries	2,212	2,276	1,982	-	-	-	-
Other Revenue	268	275	299	3	-	3	12
TOTAL REVENUES	146,522	152,579	137,694	5,717	113	5,830	6,492
EXPENSES							
Province Wide Acute Care Services	16,618	16,359	15,724	42	-	42	23
Acute Care Services	46,676	50,601	44,793	4,228	-	4,228	3,657
Physician Compensation - Acute Care Services	5,555	5,584	4,225	-	-	-	-
Supportive Care Services	37,050	37,966	35,410	981	686	1,667	1,326
Home Based Service - Supportive Care	5,984	5,888	5,120	37	-	37	24
Population Health Services	3,993	4,116	3,568	13	-	13	12
Community Care Services	7,573	7,401	6,645	-	-	-	-
Home Based Services - Acute & Palliative	1,024	1,014	1,194	-	-	-	-
Primary Health Care Services	4,937	4,727	4,834	730	-	730	696
Emergency Response Services	3,495	3,990	3,436	124	-	124	92
Mental Health Services - Inpatient	1,889	1,747	1,723	2	-	2	-
Addiction Services - Residential	566	658	628	8	-	8	7
Physician Compensation	1,878	1,987	1,836	-	-	-	-
Program Support Services	6,855	6,783	5,729	36	-	36	59
Special Funded Programs	2,246	2,277	2,267	11	-	11	6
Ancillary	178	147	156	-	-	-	-
TOTAL EXPENSES (Schedule 1)	146,517	151,245	137,288	6,212	686	6,898	5,902
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	$ 5	1,334	406	(495)	(573)	(1,068)	590
Fund balances, beginning of year		(179)	(619)	43,220	2,472	45,692	44,994
Interfund transfers (Note 14)		(472)	34	472	-	472	(34)
Correction of error		-	-	-	-	-	142
FUND BALANCES, END OF YEAR		$ 683	$ (179)	$ 43,197	$ 1,899	$ 45,096	$ 45,692

See accompanying notes

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOWS
for the year ended March 31, 2006

(in thousands of dollars)	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	2006	2005
Cash (used in) provided by:	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenues over expenses	$ 1,334	$ 406	$ (495)	$ (573)	$ (1,068)	$ 590
Amortization	-	-	5,831	-	5,831	5,473
Gain on sale of capital assets	-	-	-	-	-	(3)
Net change in non-cash working capital (Note 7)	1,788	2,547	(3,077)	11	(3,066)	266
	3,122	2,953	2,259	(562)	1,697	6,326
Purchase of capital assets	-	-	(9,513)	-	(9,513)	(2,485)
Proceeds on sale of capital assets	-	-	-	-	-	40
Sale (purchase) of long-term investments	453	(88)	573	-	573	(73)
	453	(88)	(8,940)	-	(8,940)	(2,518)
Acquisition of debt	-	-	243	-	243	331
Repayment of debt	-	-	(393)	-	(393)	(328)
	-	-	(150)	-	(150)	3
Net (decrease) increase in cash and short-term investments during the year	3,575	2,865	(6,831)	(562)	(7,393)	3,811
Cash and short-term investments beginning of year	10,041	7,142	4,809	2,483	7,292	3,373
Interfund transfers (Note 14)	(472)	34	472	-	472	(34)
Correction of error	-	-	-	-	-	142
CASH AND SHORT-TERM INVESTMENTS, END OF YEAR (Schedule 2)	$ 13,144	$ 10,041	$ (1,550)	$ 1,921	$ 371	$ 7,292
Supplementary Information: Cash interest paid	$ -	$ -	$ 382	$ -	$ 382	$ 393

See accompanying notes

1. LEGISLATIVE AUTHORITY

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act (Act)*. The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continue as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Prairie North Regional Health Authority was created by the Act. The Prairie North Regional Health Authority is responsible for the planning, organization, delivery, and evaluation of health services it is to provide (The Act sec 27) within the geographic area known as the Prairie North Health Region.

2. SIGNIFICANT ACCOUNTING POLICIES

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

Health Care Organizations

i) The Authority has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Edwards Society Inc.
Libbie Young Centre Inc.
Walter A. "Slim" Thorpe Centre Inc.
Portage Vocational Society Inc.
Canadian Mental Health Association (Saskatchewan Division) Inc.

Note 9 i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliate is incorporated under the Non-Profit Corporations Act and is a registered charity under the Income Tax Act:

Societé Joseph Breton Inc.

The Authority has entered into an affiliation agreement with and provides annual grant funding to this organization for the delivery of health care services. Consequently, the Authority has disclosed certain financial information regarding these affiliates.

This affiliate is not consolidated into the Authority financial statements. Alternatively, Note 9 ii) describes the financial position and results of operations of the affiliate.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Health Care Organizations (continued)

iii) The Lloydminister Region Health Care Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc. and Twin Rivers Health Care Foundation Inc. are incorporated under The Non-Profit Corporations Act and are registered charities under The Income Tax Act.

These financial statements do not include the financial activities of the Foundations. Alternatively, Note 9 iii) provides supplementary financial information of the Foundations.

Fund Accounting

The accounts of the Authority are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating fund

The operating fund reflects the primary operations of the Authority including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, Alberta Health - General Revenue Fund and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital fund

The capital fund is a restricted fund that reflects the equity of the Authority in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii Community Trust fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the Authority in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the Authority from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the Authority and the health corporations.

Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund.

2. SIGNIFICANT ACCOUNTING POLICIES (continued)

Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Land improvements	2 ½% to 20%
Leasehold improvements	20%
Buildings	2 ½% to 20%
Equipment	5% to 100%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

Transfers of capital assets from a related party are recorded at the asset carrying amounts.

Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are valued at cost as determined on an average cost basis.

Investments

Investments are valued at the lower of cost or market.

Pension

Employees of the Authority participate in several multi-employer defined benefit pension plans or a defined contribution plan. The Authority follows defined contribution plan accounting for its participation in the plans. Accordingly, the Authority expenses all contributions it is required to make in the year.

Measurement Uncertainty

The financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

3. CAPITAL ASSETS

(in thousands of dollars)

	2006			2005
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,595	$ -	$ 1,595	$ 1,595
Land improvements	1,636	1,423	213	241
Leasehold improvements	49	26	23	9
Buildings	77,291	44,505	32,786	35,629
Equipment	41,408	32,839	8,569	6,044
Construction in progress	4,484	-	4,484	469
	$ 126,463	$ 78,793	$ 47,670	$ 43,987

4. COMMITMENTS

Capital Assets Acquisitions

At March 31, 2006, commitments for acquisition of capital assets were $715,883 (2005 - $81,392).

Operating Leases

The Authority leases premises from Saskatchewan Property Management Corporation (SPMC) under an agreement that expires December 31, 2006. In keeping with the sublessor's policy of "cost recovery", the monthly rental is subject to an adjustment effective the first day of April during each year of the term. The current monthly charge is $16,781 plus GST.

The Authority's intention is to terminate the lease in the coming year. Although the obligation continues to December, 2006, the Authority and SPMC are making a collaborative effort to sub-lease the premises. Land and building have been purchased to replace the leased property.

Other minimum annual rental payments under operating leases on property and equipment over the next five years are as follows:

2007	$	161,527
2008		161,527
2009		161,527
2010		161,527
2011		161,527

5. MORTGAGES PAYABLE

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Cut Knife & District Special Care Home CMHC, due March 1, 2022	5.050%	$98,741 principal and interest, of which $33,768 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.87%. Mortgage renewal date - March 1, 2007	$ 1,086,242	$ 1,129,502
L. Gervais Memorial Health Centre CMHC, due February 1, 2022	4.390%	$45,124 principal and interest, of which $11,019 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 3.65%. Mortgage renewal date - June 1, 2015	494,369	514,355
Lakeland Lodge, St. Walburg CMHC, due March 1, 2026	8.000%	$32,973 principal and interest. Mortgage renewal date - March 1, 2026	331,705	338,289
Lloydminster & District Senior Citizens Lodge CMHC due December 1, 2020	5.140%	$179,634 principal and interest, of which $58,105 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 1.92%. Mortgage renewal date - December 1, 2013	1,860,924	1,943,594

5. MORTGAGES PAYABLE (continued)

Title of Issue	Interest Rate	Annual Repayment Terms	2006	2005
Northland Pioneer Lodge, Meadow Lake CMHC, due January 1, 2017	5.375%	$8,521 principal and interest. Mortgage renewal date - January 1, 2017	70,067	74,728
Northland Pioneer Lodge, Meadow Lake CMHC due April 1, 2022	5.790%	$95,386 principal and interest, of which $35,764 is subsidized by Saskatchewan Housing Corporation. Yielding an effective interest rate of 2.11%. Mortgage renewal date - March 1, 2007	1,001,403	1,038,326
The Battlefords River Heights Lodge Corp. CMHC, due January 1, 2017	5.375%	$12,470 principal and interest. Mortgage renewal date - January 1, 2017	102,531	109,352
The Battlefords River Heights Lodge Corp. CMHC, due November 1, 2027	8.000%	$76,047 principal and interest. Mortgage renewal date - November 1, 2027	789,703	803,027
Turtle River Nursing Home, Turtleford CMHC, due December 1, 2026	8.000%	$15,736 principal and interest. Mortgage renewal date - December 1, 2026	160,690	163,652
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, due August 1, 2008	5.800%	$131,255 principal and interest. Mortgage renewal date - August 1, 2008	389,211	398,040
Prairie North Regional Health Authority, Home Care Building Lloydminster Credit Union, Due December 1, 2009	5.500%	$79,320 principal and interest. Mortgage renewal date - December 1, 2009	286,972	210,704
			6,573,817	6,723,569
Less current portion			403,929	392,884
			$ 6,169,888	$ 6,330,685

For each of the mortgages, the Authority has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years are estimated as follows:

2007	$ 403,929
2008	426,819
2009	361,706
2010	337,238
2011	356,702
2012 and subsequent	4,687,423
	$ 6,573,817

6. DEFERRED REVENUE

(in thousands of dollars)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Aboriginal Awareness Training	$ 28	$ 28	$ -	$ -
Early Skills Development	32	-	-	32
Federal Accord -Home Care	-	42	81	39
Health Improvement Initiatives	26	26	-	-
Healthline	3	3	-	-
Health Information Protection	34	34	-	-
MDS Home Care	-	-	100	100
Medical Resolution	26	26	-	-
Population Health	22	22	-	-
Primary Care -Diabetes	118	1	48	165
Primary Care -Transition	284	284	-	-
Primary Care - Team Develop.	100	-	-	100
Primary Care - Team Facilitator	55	-	-	55
Project Hope	-	56	60	4
Professional Development	169	94	-	75
Quality Workplace	245	85	-	160
Safety Engineered needles	-	-	87	87
School Retrieval	16	-	-	16
SIMS/PHIS Information systems	10	10	-	-
Successful Mothers Program	60	60	-	-
Tobacco Enforcement	19	9	-	10
Workplace Wellness	225	-	-	225
Youth Criminal Justice Act	60	60	42	42
Total Sask Health	1,532	840	418	**1,110**
Non Sask Health Initiatives				
Aboriginal Coordinator	13	25	12	-
Acquired Brain Injury	42	50	57	49
KidsFirst	233	1,892	2,010	351
Safe Driving	27	-	-	27
Miscellaneous	3	-	-	3
Total Non Sask Health	318	1,967	2,079	430
Total Deferred Revenue	$ 1,850	2,807	2,497	**1,540**

Restricted funding related to general operations from Saskatchewan Health - General Revenue Fund and other revenue is recorded as revenue as the related costs are incurred.

7. NET CHANGE IN NON-CASH WORKING CAPITAL

(in thousands of dollars)	Operating Fund		Restricted Funds			
	2006	2005	Capital Fund	Community Trust Fund	Total 2006	Total 2005
(Increase) decrease in accounts receivable	$ (4,787)	$ 2,270	$ (3,194)	$ -	$ (3,194)	$ 538
Decrease in inventory	197	7	-	-	-	-
Increase (decrease) in prepaids	16	(80)	-	-	-	-
Increase (decrease) in accounts payable	1,993	(1,575)	117	11	128	(272)
Increase in accrued salaries payable	3,650	810	-	-	-	-
Increase in accrued vacation payable	1,029	625	-	-	-	-
Increase (decrease) in deferred revenue	(310)	490	-	-	-	-
	$ 1,788	$ 2,547	$ (3,077)	$ 11	$ (3,066)	$ 266

8. PATIENT AND RESIDENT TRUST ACCOUNTS

The Authority administers funds for patients and residents using the Authority's facilities. The funds are held in separate accounts for the residents at each facility. The total cash held in trust as at March 31, 2006 was $575,196 (2005 - $534,151). These amounts are not reflected in the financial statements.

9. RELATED PARTIES

These financial statements include transactions with related parties. The Authority is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Authority is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the Authority is related to other non-Government organizations by virtue of its economic interest in these organizations.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

9. RELATED PARTIES (continued)

	2006	2005
Revenues		
Saskatchewan Housing Corp	$ 138,655	$ 150,359
Saskatchewan Learning	2,019,548	2,105,575
Saskatchewan Worker's Compensation Board	573,420	590,505
SGI Canada Insurance Services Ltd.	239,393	195,061
	$ 2,971,016	$ 3,041,500
Expenditures		
Battleford Family Health Care	$ 868,043	$ 616,665
Department of Finance	139,238	119,638
North Sask. Laundry & Support Services Ltd.	1,862,297	2,181,365
Public Employees Superannuation	380,748	383,648
Public Service Superannuation	197,274	215,804
Saskatchewan Association of Health Organizations	3,973,846	3,442,357
Saskatchewan Energy	676,712	655,143
Saskatchewan Health Care Employees Pension Plan	3,836,674	3,640,216
Saskatchewan Power Corporation	1,271,195	1,216,403
Saskatchewan Property Management	1,137,034	1,084,027
Saskatchewan Telecommunications	837,539	790,538
Saskatchewan Worker's Compensation Board	1,669,908	1,788,889
	$ 16,850,508	$ 16,134,693
Accounts Receivable		
Saskatchewan Worker's Compensation Board	$ 28,914	$ 35,807
Societe Joseph Breton Inc.	269,340	-
	$ 298,254	$ 35,807
Prepaid Expenditures		
Saskatchewan Worker's Compensation Board	$ 404,523	$ 408,648
North Sask. Laundry & Support Services Ltd.	112,310	110,190
Saskatchewan Association of Health Organizations	179,414	114,182
	$ 696,247	$ 633,020
Accounts Payable		
Saskatchewan Association of Health Organizations	$ 233,584	$ 315,789

In addition, the Authority pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of these purchases.

9. RELATED PARTIES (continued)

Health Care Organizations

i) Community Based Organizations (CBOs) and Third Parties

The Authority has also entered into conditional grant agreements with CBOs and third parties to provide health services.

These organizations receive operating funding from the Authority on a monthly basis in accordance with budget amounts approved annually. During the year, the Authority provided the following amounts to CBOs and third parties.

	2006	2005
Edwards Society Inc.	$ 272,182	$ 291,236
Libbie Young Centre Inc.	292,927	293,032
Walter A. "Slim" Thorpe Centre Inc.	430,675	421,832
Portage Vocational Society Inc.	56,311	71,054
Canadian Mental Health Association (Saskatchewan Division) Inc.	120,447	127,179
	$ 1,172,542	$ 1,204,333

ii) Affiliates

The Act makes the Authority responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the Authority. The Authority exercises significant influence over affiliates by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to each affiliate:

	2006	2005
Societé Joseph Breton Inc.	$ 1,526,315	$ 1,381,846

9. RELATED PARTIES (continued)

Health Care Organizations (continued)

ii) Affiliates (continued)

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate as at March 31, 2006 and 2005 and for the years then ended:

	2006	2005
Balance Sheet		
Assets	$ 772,050	$ 316,490
Net Capital Assets	954,640	955,020
Total Assets	$ 1,726,690	$ 1,271,510
Total Liabilities	$ 1,030,081	$ 639,966
Total Net Assets (Fund Balances)	696,609	631,544
	$ 1,726,690	$ 1,271,510
Results of Operations		
Authority Grant	$ 1,526,315	$ 1,381,846
Other Revenue	525,341	518,881
Total Revenue	2,051,656	1,900,727
Salaries and Benefits	1,689,431	1,547,806
Other Expenses *	236,368	229,433
Total Expenses	1,925,799	1,777,239
Excess of Revenues over Expenses	$ 125,857	$ 123,488

* Other Expenses includes amortization of $57,170 (2005 - $47,816).

Cash Flows		
Cash from Operations	$ 437,758	$ 152,375
Cash used in Financing Activities	(56,790)	(6,105)
Cash used in Investing Activities *	(6,604)	(15,508)
Increase in cash	$ 374,364	$ 130,762

* Investing Activities includes capital purchases of $56,790 (2005 - $15,508).

9. RELATED PARTIES (continued)

Health Care Organizations (continued)

iii) Fund Raising Foundations

Fundraising efforts are undertaken through non-profit business corporations known as Lloydminster Region Health Foundation Inc., Battlefords Union Hospital Foundation Inc., Meadow Lake Hospital Foundation Inc., and Twin Rivers Health Care Foundation Inc.

Lloydminster Region Health Foundation Inc.

The Authority has an economic interest in the Lloydminster Region Health Foundation Inc. (the "Lloydminster Foundation").

The Lloydminster Foundation's total expenses include contributions of $2,141,395 (2005 - $251,669) of which $1,921,255 (2005 - $46,639) is payable at March 31, 2006.

From time to time, the Lloydminster Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Lloydminster Foundation at no charge.

Battlefords Union Hospital Foundation Inc.

The Authority has an economic interest in the Battlefords Union Hospital Foundation (the "Battlefords Foundation").

The Battlefords Foundation's total expenses include contributions of $654,607 (2005 - $243,640) of which $471,817 (2005 - $43,851) is payable at March 31, 2006.

From time to time, the Battlefords Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

The Authority provides office space and accommodations to the Battlefords Foundation at no charge.

Meadow Lake Hospital Foundation Inc.

The Authority has an economic interest in the Meadow Lake Hospital Foundation Inc. (the "Meadow Lake Foundation").

The Meadow Lake Foundation's total expenses include contributions of $6,712 (2005 - $4,774). As at March 31, 2006, the Foundation held funds of $6,063 (2005 - $nil) which will flow to the Authority for capital and departmental purchases.

9. RELATED PARTIES (continued)

Health Care Organizations (continued)

iii) Fund Raising Foundations (continued)

Twin Rivers Health Care Foundation Inc.

The Authority has an economic interest in the Twin Rivers Health Care Foundation Inc. (the "Twin Rivers Foundation").

The Twin Rivers Foundation's total expenses include contributions of $27,877 (2005 - $44,074) of which $877 (2005 - $10,585) is payable at March 31, 2006. As at March 31, 2006, the Twin Rivers Foundation held funds of $nil (2005 - $nil) which will flow to the Authority for capital and departmental purchases.

From time to time, the Twin Rivers Foundation solicits funds which are used to purchase capital equipment for healthcare facilities within the Region.

10. COMPARATIVE INFORMATION

Certain 2004-2005 balances have been reclassified to conform to the current year's presentation.

11. PENSION

Employees of the Authority participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The Authority's financial obligation is limited to making the required payments to these plans to match amounts contributed by employees for current services.

4. Alberta Local Authorities Pension Plan (LAPP) - This is a defined benefit plan that is the responsibility of the Province of Alberta. The Authority's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services.

11. PENSION (continued)

Under the *Public Sector Pension Plans Act of Alberta*, passed in May 1993, the Alberta Government employers and employees accepted responsibility to pay the unfunded obligation. The total LAPP unfunded pension liability at December 31, 2002, which is the latest available financial information, is $444,980,000. The Region's share of the unfunded past service obligation is based on a percentage of pensionable payroll. The obligation will be partially reduced through increased contribution rates. If LAPP continues to experience low investment returns, a further rate adjustment will be necessary to increase the asset base.

Pension expense for the year amounted to $4,990,736 (2005 - $4,726,366) and is included in benefits in Schedule 1.

Effective March 31, 2006, SHEPP contribution rates are 6.552% (2005 - 6.552%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus 8.232% (2005 - 8.232%) of pensionable earnings above the yearly maximum pensionable earnings (CPP).

12. BUDGET

The Authority approved the 2005-2006 budget plan on May 25, 2005.

13. FINANCIAL INSTRUMENTS

Significant Terms and Conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

Credit Risk

The Authority is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the Authority's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

Fair Values

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature:
   - cash and short-term investments
   - accounts receivable
   - accounts payable
   - accrued salaries and vacation payable

ii) For investments, the fair value is considered to approximate quoted market values.

iii) The fair value of mortgages payable, before the repayment required within one year, is $6,305,122 (2005 - $6,436,728) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

13. FINANCIAL INSTRUMENTS (continued)

Unrecognized Financial Instruments

To meet the needs of the North Sask. Laundry & Support Services Ltd., the Board participates in an off balance sheet financial instrument which these financial statements do not fully reflect. The Board subjected this financial instrument to its normal credit standards, financial controls, and risk management and monitoring procedures.

The Board has guaranteed the debts of the North Sask. Laundry & Support Services Ltd. to a maximum amount of $67,275.

14. INTERFUND TRANSFERS

Each year the Authority transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2006			2005		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Capital asset purchases	$ (513)	$ 513	$ -	$ -	$ -	$ -
CMHC reserves	41	(41)	-	34	(34)	-
Mortgage payments	-	-	-	-	-	-
Other	-	-	-	-	-	-
	$ (472)	$ 472	$ -	$ 34	$ (34)	$ -

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH

General

The Authority is responsible for providing health services to Saskatchewan residents. East Central Health ("ECH"), formerly East Central Regional Health Authority 7, was created by Alberta Health in 1995. The Authority provides health services to Alberta residents under the Bi-Provincial Lloydminister Health Services Agreement with ECH. This agreement sets out the general principles and processes with respect to:

i) The health services to be provided and the service areas and/or populations to be served by the Authority on behalf of ECH;
ii) The operating, equipment and capital funding and any other related payments to be provided by ECH to the Authority;
iii) The management and operation of the Dr. Cooke Extended Care Centre by the Authority;
iv) The management and direction of Dr. Cooke Extended Care Centre employees by the Authority; and
v) The reporting and accountability requirements in respect of the services provided by the Authority on behalf of the ECH.

Specific details on some of these matters have to be concluded as addenda to this agreement.

15. HEALTH SERVICES PROVIDED TO ALBERTA RESIDENTS ON BEHALF OF EAST CENTRAL HEALTH (continued)

Dr. Cooke Extended Care Centre

The assets of the legal entity known as Dr. Cooke Extended Care Centre were transferred to ECH under the authority of Order In Council #106/95 dated March 31, 1995.

The Authority manages and operates this facility on behalf of the ECH.

These financial statements include operating assets, liabilities, revenue and expenses of the Dr. Cooke facility as follows:

	2006	2005
Balance Sheet		
Cash and Short-Term Investments	$ 350	$ 350
Accounts Receivable	55,045	35,174
Inventory	9,078	3,144
Prepaid Expenses	732	732
Total Assets	$ 65,205	$ 39,400
Accounts Payable	$ 66,648	$ 35,950
Accrued Salaries	84,247	70,561
Accrued Vacation Pay	388,846	358,730
Fund Deficit	(474,536)	(425,841)
Total Liabilities and Fund Balance	$ 65,205	$ 39,400
Results of Operations		
ECH Grant	$ 4,949,475	$ 4,662,264
Other Revenue	1,677,922	1,749,115
Total Revenue	6,627,397	6,411,379
Salaries & Benefits	5,731,076	5,356,545
Other Expenses	1,365,050	1,319,812
Total Expenses *	7,096,126	6,676,357
Excess of Expenses over Revenue	$ (468,729)	$ (264,978)

* Expenses include the Authority's allocated costs of $616,066 (2005 - $598,122).

The Authority has the use of the capital assets of the Dr. Cooke facility for no charge. Neither the capital assets nor the related amortization expense are reflected in these financial statements because the assets continue to be the property of ECH.

16. CONTINGENCIES

Lawsuits

The Authority is currently involved as defendants in two legal claims. The Authority's insurance coverage would be adequate to cover the claims with the exception of one claim for aggravated and punitive or exemplary damages in the amount of $8,200,000. The Authority does not consider that they, or their servants or agents acting on their behalf, were negligent in the care and treatment of the patients. The outcome of these legal claims cannot be determined at this time and accordingly, no liability has been recorded in these financial statements.

17. VOLUNTEER SERVICES

The operations of the Authority utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

18. CONTINGENT LIABILITY

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined and are not reflected in these financial statements.

Schedule 1

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
for the year ended March 31, 2006

(in thousands of dollars)	Budget 2006	Actual 2006	Actual 2005
Operating:			
Board costs	$ 148	$ 112	$ 110
Compensation - Benefits	16,326	16,326	15,058
Compensation - Salaries	90,403	92,430	83,999
Diagnostic imaging supplies	316	327	249
Drugs	2,974	2,758	2,887
Food	2,912	2,838	2,801
Grants to ambulance services	1,718	1,907	1,742
Grants to third parties	2,581	2,778	2,531
Housekeeping and laundry supplies	990	978	844
Information technology contracts	335	397	333
Insurance	341	334	339
Interest	11	11	10
Laboratory supplies	1,218	1,323	1,199
Medical and surgical supplies	2,667	3,542	2,694
Medical remuneration and benefits	7,533	7,407	6,004
Office supplies and other office costs	1,391	1,479	1,322
Other	1,924	2,568	2,171
Other referred out services	3,787	3,753	4,139
Professional fees	778	773	706
Prosthetics	26	-	81
Purchased services	664	645	694
Rent/lease costs	869	1,518	838
Repairs and maintenance	975	1,394	1,190
Service contracts	611	725	731
Travel	1,840	1,789	1,616
Utilities	3,179	3,133	3,000
	$ 146,517	151,245	137,288
Restricted:			
Amortization		5,831	5,473
Other		1,067	429
		6,898	5,902
		$ 158,143	$ 143,190

Schedule 2

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
for the year ended March 31, 2006

(in thousands of dollars)	Amount	Maturity	Effective Rate
Restricted Investments -Capital Fund			
Cash and Short Term			
Chequing and Savings:			
Meadow Lake CIBC	$ 720		
Lloydminster Credit Union	(2,558)		
CIBC Wood Gundy	20		
Concentra GIC	105	01-Nov-06	3.55%
Province of BC	67	01-Dec-06	3.00%
Province of BC	96	01-Dec-06	5.25%
	(1,550)		
Long Term			
Province of Manitoba	139	16-May-07	6.63%
Province of Ontario	143	01-Dec-08	5.70%
	282		
Total Restricted Investments -Capital Fund	(1,268)		
Restricted Investments -Community Fund			
Cash and Short Term			
Chequing and Savings:			
Meadow Lake	366		
Cut Knife	1		
Edam Credit Union	98		
Goodsoil Credit Union	1		
Credential Securities	40		
North Battleford Credit Union	161		
Lloydminster Credit Union	35		
RM of Frenchman Butte	2		
Maidstone CIBC	14		
Member Equity	6		
Lloydminster Credit Union	130	11-Apr-06	1.90%
Lloydminster Credit Union	35	11-May-06	1.10%
Lloydminster Credit Union	322	27-Aug-06	5.00%
Lloydminster Credit Union	36	31-Dec-06	3.05%
Lloydminster Credit Union	65	04-May-07	2.60%
Goodsoil Credit Union	56		
Goodsoil Credit Union	14		
Credit Union Term	22		
Canada Savings Bonds	5		
Royal Bank GIC	39		1.60%
CIBC GIC	9	07-Apr-06	1.65%
CIBC GIC	414		
Edam Credit Union	50	22-Jan-08	4.25%
Total Restricted Investments -Community Fund	1,921		
Subtotal	653		

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF CASH AND INVESTMENTS
for the year ended March 31, 2006

(in thousands of dollars)	Amount	Maturity	Effective Rate
Balance Forward	$ 653		
Unrestricted Investments -Operating Fund			
Cash and Short Term			
North Battleford Credit Union	567		
Lloydminster Credit Union	10,136		
Lloydminster CIBC	30		
Meadow Lake Credit Union	1,419		
Equities	1		
Petty Cash	13		
Province of Manitoba	32	05-Jun-06	7.75%
Canada Housing Trust	47	15-Jun-06	5.53%
Concentra GIC	208	11-Jun-06	3.55%
Province of BC	96	01-Dec-06	5.25%
Province of BC	218	08-Dec-06	3.80%
Coast Cap GIC	16	31-Mar-07	4.00%
FCC	100	08-Jun-06	3.00%
Province of BC	261	01-Dec-06	3.00%
	13,144		
Long Term			
Credit Union Member shares	61		
Member equity	30		
Commonwealth Credit Union	189	n/a	variable
Province of Ontario	190	12-Sep-07	6.13%
Province of Saskatchewan	145	01-Dec-08	5.50%
Province of Nova Scotia	64	01-Jun-09	5.40%
Bell Canada	121	15-Jun-09	6.15%
Hydro Quebec Global	122	15-Jul-09	6.00%
Province of BC	120	01-Dec-09	6.25%
Government of Canada	212	01-Jun-10	5.50%
Province of Ontario	29	22-Sep-10	3.25%
Province of Ontario	55	19-Nov-11	6.10%
	1,338		
Total Unrestricted Investments -Operating Fund	14,482		
Total Investments	$ 15,135		
Restricted and Unrestricted Totals			
Total Cash & Short Term	13,515		
Total Long Term	1,620		
Total Investments	$ 15,135		

Schedule 3

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2006

(in thousands of dollars)

	COMMUNITY TRUST FUND EQUITY					
Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
Pine Island Lodge	$ 713	$ 16	$ -	$ -	$ (401)	$ 328
L. Gervais Memorial Health Centre	111	3	-	-	-	114
Northland Pioneer Lodge	357	8	-	-	-	365
Lady Minto Health Centre	86	3	57	(16)	-	130
Saskatchewan Hospital	151	4	1	-	-	156
R.M. of Cut Knife	140	1	-	(7)	-	134
R.M. of Eldon	405	9	-	-	-	414
R.M. of Frenchman Butte	26	3	-	(27)	-	2
R.M. of Hillsdale	91	-	-	-	-	91
R.M. of Mervin	-	-	-	-	-	-
R.M. of Paynton	92	-	-	-	(92)	-
R.M. of Wilton	41	1	-	(2)	-	40
Town of Cut Knife	45	1	-	(7)	-	39
Town of Lashburn	35	-	-	-	-	35
Town of Maidstone	108	3	-	-	(111)	-
Town of St. Walburg	24	-	-	-	-	24
Village of Marshall	5	-	-	-	-	5
Village of Paradise Hill	5	-	-	-	(5)	-
Village of Paynton	13	3	-	-	(16)	-
Village of Rockhaven	13	-	-	-	-	13
Village of Waseca	11	-	-	(2)	-	9
	$ 2,472	$ 55	$ 58	$ (61)	$ (625)	$ 1,899

Schedule 4

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
for the year ended March 31, 2006

(in thousands of dollars)

	Balance Beginning of Year	Investment Income Allcoated	Annual Allocation	Other Income	Operating Expenses	Capital Expenses	Balance End of Year
Capital							
SHC Replacement Reserves							
Northland Pioneer Lodge	$ 195	$ 6	$ 16	$ -	$ (22)	$ -	$ 195
River Heights Lodge	132	4	16	-	(11)	-	141
Cut Knife & District Special Care Home Inc.	93	3	9	-	(6)	(6)	93
Turtle River Nursing Home	70	2	-	-	-	-	72
Lloydminster and District Senior Citizens Lodge	130	4	-	-	-	-	134
L.Gervais Memorial Health Centre	-	-	4	-	-	(3)	1
Lakeland Lodge	61	2	4	-	(2)	-	65
Total SHC	681	21	49	-	(41)	(9)	701
Other Internally Restricted Funds							
Capital Fund - RHA Restricted	4,829	(21)	(49)	6,230	-	(10,061)	928
Donation Funds	9	-	-	-	-	26	35
ER Renovation Reserve	309	-	-	-	-	-	309
Reserve for Ambulance	128	-	-	-	-	-	128
Total Capital	5,956	-	-	6,230	(41)	(10,044)	2,101
Operating							
Other Internally Restricted Funds							
Emergency Response	65	-	-	-	-	-	65
Donation Funds	232	-	-	-	15	-	247
Total Operating	297	-	-	-	15	-	312
Total Internally Restricted Funds	$ 6,253	$ -	$ -	$ 6,230	$ (26)	$ (10,044)	$ 2,413

The Authority is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

The other internally restricted capital fund balance represents cash available to the Authority and restricted by the Authority which has been earned within that fund or transferred to the fund from the Operating Fund or the Community Trust Fund.

The Authority established an internally restricted reserve for Emergency Response Services enhancements. This reserve can be used for either operating or capital expenditures and is at the discretion of the Authority.

In 2002, the Authority authorized the use of the replacement reserve to accommodate renovations required for the 400 wing of River Heights Lodge for the Adult Health Centre use. The transfer was included in Capital Donations and applied to actual expenditures and is at the discretion of the Authority.

The above schedule shows the changes in these reserve balances during the year.

Schedule 5

PRAIRIE NORTH REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD REMUNERATION, BENEFITS, AND ALLOWANCES
for the year ended March 31, 2006

(in thousands of dollars)

	2006				2005		
Board Members	Retainer and Per Diems	Benefits[1]	Other Expenses	Total	Retainer and Per Diems	Benefits and Other Expenses	Total
Chairperson							
O'Grady, Bonnie	$ 30	$ 14	$ 14	$ 58	$	$ 23	$ 47
Board Member							
Christensen, Ben	4	2	1	7		2	5
Conacher, Muriel	5	1	2	8	3	2	5
Duncan, Donald (3)	1	-	-	1	-	-	-
Esterby, David (3)	1	-	1	2	-	-	-
Fiddler, Flora (3)	1	1	1	3	-	-	-
Gregor, Brenda (2)	-	-	-	-	1	1	2
Hansen, Zane (2)	-	-	-	-	2	2	4
Helm, Vicki	6	2	1	9	5	3	8
Hill, Joan	4	2	2	8	4	6	10
McCaffery, Ruth (2)	1	-	-	1	3	1	4
Whittaker, Don (2)	2	1	2	5	3	4	7
Wouters, Glenn	3	1	2	6	2	2	4
Yaychuk, Elaine (2)	1	-	1	2	2	2	4
Young, Donald	4	1	1	6	4	3	7
Zaychkowsky, Michael (3)	1	1	-	2	-	-	-
					-	-	-
Total	$ 64	$ 26	$ 28	$ 118	$ 56	$ 51	$ 107

(1) Benefits includes employer CPP and all travel time.
(2) Terms ended in 2004-2005: Brenda Gregor resigned in Sept04; Zane Hansen resigned in Dec04
Terms ended in 2005-2006: Ruth McCaffrey declined renomination July/05; Elaine Yaychuk resigned in Aug05; Don Whittaker term ended Feb/06.
(3) New Board Members appointed in Feb/06: Don Duncan, David Esterby, Flora Fiddler, & Michael Zaychkowsky.

SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE
for the year ended March 31, 2006

(in thousands of dollars)

	2006							2005			
					Severance						
Senior Employees	Number of FTEs	Salaries[1]	Benefits and Allowances[2]	Sub-total	Number of FTEs	Amount	Total	# of FTEs	Salaries, Benefits and Allowances	Severance	Total
David Fan, CEO	1	$ 133	$ 16	$ 149	-	$ -	$ 149	1	$ 148	$ -	$ 148
Irene Denis, VP	1	102	15	117	-	-	117	1	116	-	116
Cecile Hunt, VP	0.9	98	14	112	-	-	112	1	116	-	116
Jerry Keller, VP	1	102	15	117	-	-	117	1	116	-	116
Glennys Uzelman, VP	1	102	15	117	-	-	117	1	116	-	116
Total	4.9	$ 537	$ 75	$ 612	-	$ -	$ 612	5	$ 612	$ -	$ 612

(1) Salaries include regular base pay, overtime, lumpsum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.
(2) Benefits and allowances include the employers share of car allowance, employee taxable education expense, personal allowance, relocation allowance, and RRSPs.

Governance and Transparency

Prairie North Regional Health Authority is the governing body of Prairie North Health Region. The Board is responsible for the planning, organization, delivery and evaluation of the health services it provides within the health region boundaries.

The Regional Health Services Act which created Saskatchewan's health authorities defines the roles and responsibilities of the Board to work as partners with the Minister of Health in ensuring coordinated, province-wide planning for the health system. The Minister is responsible for the overall strategic direction of the province's health system, determines provincial priorities, and allocates resources for service delivery.

Specific expectations for the Minister and Regional Health Authority Boards are defined under the broad categories of strategic planning; relationships; monitoring, evaluation and reporting; fiscal management and reporting; quality management; and management and performance.

Each year, an Accountability Document between each RHA and Saskatchewan Health sets out the agreed upon organizational, program and service expectations for each RHA, and links expectations with funding. Through the Accountability Document, Saskatchewan Health sets out specific directions for the prudent and ethical use of public funds.

This Annual Report is a key component of the accountability process, providing detail to the Minister on the extent to which Prairie North RHA has set direction and made progress toward health system strategic direction, and complied with the Accountability Document.

Our Board

Prairie North Regional Health Authority is governed by a Board of Directors appointed by the Minister of Health and consisting of a maximum of 12 members.

The Board started the 2005-06 operating year with 10 members, following the resignation for personal reasons of two colleagues within the prior seven months. In late June of 2005, nine of the remaining 10 Board members were reappointed by the Minister of Health for three-year terms to July of 2008. Long-serving health region, health district and health services Board member Ruth McCaffrey of Edam did not seek reappointment.

Shortly thereafter, in August of 2005, Board member Elaine Yaychuk of Meadow Lake declined reappointment following a change in career. That left Prairie North RHA functioning with eight Board members for much of the rest of the year. Saskatchewan Health solicited public expressions of interest throughout the Health Region in serving on the Board. Several were received by the Department and were reviewed by Saskatchewan Health. Selection was made, confirmed, approved by Cabinet, and announced by the Minister of Health in early February 2006.

Prairie North RHA is pleased to welcome to the Board Don Duncan, an education administrator from Lloydminster; David Esterby, social worker and administrator from Meadow Lake; Flora Fiddler, organizational development management/officer from Meadow Lake; and Michael Zaychkowsky, financial services manager from North Battleford. Mr. Duncan replaced Don Whittaker of Marwayne, Alberta on the Board, leaving the RHA with 11 of its maximum 12-member complement filled by the end of the operating year.

Prairie North RHA takes this opportunity to express our deepest appreciation to Ruth McCaffrey, Elaine Yaychuk, and Don Whittaker for their invaluable contributions to the Board. All three served on the RHA Board since creation of the Region in August 2002. Their commitment and leadership through the early days of health regionalization was vital in charting a positive course for the RHA. On behalf of our managers, staff, physicians, patients, and residents of Prairie North, thank you for your contributions to your colleagues, communities, and all those you serve.

Prairie North Regional Health Authority Board Members
As of March 31, 2006

Photo by Don Whiting Photography, Lloydminster

Back Row (From Left):
Flora Fiddler, Meadow Lake
Don Young, Maidstone
Vicki Helm, Lloydminster
Don Duncan, Lloydminster
Glenn Wouters, Meota
Joan Hill, Goodsoil

Front Row: (From Left):
David Esterby, Meadow Lake
Bonnie O'Grady, Neilburg, Chairperson
David Fan, CEO
Ben Christensen, North Battleford
Muriel Conacher, Mervin, Vice-Chairperson
Michael Zaychkowsky, North Battleford

The Prairie North Board functions as a single entity, without separate committees, though its members serve as RHA representatives on a number of separate committees and organizations. These include:

Battlefords Union Hospital Foundation	Ben Christensen
Lloydminster Region Health Foundation	Don Duncan
Twin Rivers Health Care Foundation	Muriel Conacher
East Central Health/Prairie North Health Region Collaboration Committee	Bonnie O'Grady, Vicki Helm, Don Duncan
Lloydminster and District Health Advisory Committee	Don Duncan
Meadow Lake and Area Community Health Advisory Network	David Esterby

Saskatchewan Association of Health Organizations	Glenn Wouters
Governance Committee	Muriel Conacher
Lady Minto Trust Fund Committee	Glenn Wouters
Lloydminster Medical Staff Joint Conference Committee	Bonnie O'Grady, Muriel Conacher
Maidstone Integrated Health Project Steering Committee	Don Young, Bonnie O'Grady, Muriel Conacher
Continuing Care Capital Projects Steering Committee - Lloydminster	Vicki Helm
North Sask Laundry & Support Services	Bonnie O'Grady
CQI Leadership and Partnership Team	Bonnie O'Grady, Joan Hill, Don Duncan, David Esterby, Glenn Wouters

Board members report to their colleagues at regular monthly Board meetings regarding their participation in and activities of the committees.

Community Advisory Networks

The Regional Health Services Act requires Health Authorities to establish one or more Community Advisory Networks (CANs) to help facilitate consultation with and input from local communities. CANs advise the Authority on broad issues related to the health of the community, and assist the Authority to understand the needs and priorities of communities and their residents.

The past year has seen continued development of CANs in Prairie North Health Region. In late April 2005, the RHA Board approved establishment of the Meadow Lake Community Health Advisory Network and endorsed its Terms of Reference. The group's purpose is to provide advice to PNRHA regarding the provision of health services in Meadow Lake and area. Priorities include education and two-way communication between the community and RHA. The Meadow Lake CAN consists of eight community members, PNRHA Board representation, and the Region's Community Development Coordinator. The group has been busy over the past year with special recognition of health care providers in Meadow Lake, regular submission of articles to local newspapers, and development of a public comment card.

Consultation is ongoing with key stakeholders in the communities of Loon Lake/Goodsoil/Pierceland even though the group is not formally established as a CAN. Numerous meetings have been held between RHA officials and local and area representatives regarding service to this part of the Region, primarily in the context of Primary Health Care.

The Region continues to work with the local health advisory committee in Paradise Hill. The Paradise Hill Health Advisory Network meets regularly and has focused this past year on redevelopment of a section of the former Paradise Hill Hospital into a Personal Care Home. The local hospital auxiliary has recently been re-named the Paradise Hill Community Health Auxiliary.

In Maidstone, the Pine Island Lodge Advisory Committee serves as the local community advisory network. Representation includes members from each of the surrounding municipal governments, the Lashburn and Maidstone Health Care Auxiliaries, and Prairie North's Community Development Coordinator. The current focus is around redevelopment of Maidstone Hospital into an integrated health complex, and proposed use of the Pine Island Lodge site once it is vacated in favour of the new Maidstone Integrated Health Facility.

Just prior to the end of the 2004-05 operating year, Prairie North Board members endorsed a change in purpose and direction for what had previously been the Lloydminster Medical Recruitment Committee. The Committee moved from its original focus on specialist recruitment for Lloydminster, to more of an advisory role to the Health Region, emphasizing advocacy and communication between the community and Health Board.

To more appropriately reflect the diverse nature of CANs in Prairie North Health Region, the RHA Board reviewed and revised its policy around Community Advisory Networks. The changes addressed and accommodated PNHR's practice of recognizing and supporting existing organizations or new groups created by communities themselves, within the Advisory Network framework, rather than focusing solely on creation of CANs by the Region.

Public Transparency

Maintaining public transparency in the decisions it makes, the actions and initiatives it implements, and overall, in the business it conducts is a fundamental tenet of Prairie North Regional Health Authority. The Authority believes in being accessible and accountable to the public, and continues its dedicated efforts to achieve these results through:

- Regular monthly Board meetings that are open to the public. The meetings are extensively advertised to invite participation and attendance. Presentations to Board meetings are welcome and encouraged. Policies to facilitate presentations, and to ensure responses to presentations, are in place.

- Regular monthly Board meetings that rotate through the Health Region's communities, facilitating access by local residents and community leaders. Local officials and members of the public are advised of the time, date and location of Prairie North Board meetings in their areas.

- Regular notification and invitation to all Prairie North Regular Board meetings to the Region's staff and physicians, and to local and area media.

- Broad distribution of *Board Notes*, usually within no more than three working days following a Regular Board meeting. The document features highlights of presentations, discussions and decisions from the meeting. *Board Notes* is distributed, using a variety of media, to staff and physicians, partnering agencies and organizations, community leaders, media and the general public.

- Monthly distribution of Board meeting minutes, once formally adopted by Board members, to facilities and programs in the Region. Copies of minutes are available to stakeholders.

- Development and broad distribution of the Board's Annual Report to internal and external stakeholders. The report will be available on-line via the Region's new web site.

- Willingness and availability of the Region's Chairperson, Chief Executive Officer, and other representatives to meet with community groups and organizations to discuss issues and matters of mutual concern.

Payee Disclosure List

As part of the government's commitment to accountability and transparency, the Department of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases, and other expenditures.

Prairie North Regional Health Authority
PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2006

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Acaster, Dianne	82,808
Akre, Kim	63,996
Albers, Denise	54,046
Allen, Clinton	55,548
Ambrose, Kimberly	54,962
Antymniuk, Cherylyn	50,410
Arneson, Lillian	53,575
Arthur, Teresa	68,261
Auriat, Odette	86,417
Bailey, Kathryn	69,431
Bailey, Todd	86,580
Baldinus, Debra	59,710
Ballan, Maureen	69,430
Bandola, James	56,726
Barnett, Isabelle	58,589
Barr, Idella	58,195
Bartkewich, Catherine	58,005
Bauer, Tina	64,107
Bauming, Holly	68,324
Baynham, Carrie	50,279
Baynham, Jacquelin	72,628
Beach, Kathy	57,157
Beaubien, Janet	57,954
Beaudry, Valerie	59,601
Beckman, Barbara	57,335
Bedford, Shirley	65,322
Belland, Kathy	63,602
Belsheim, Chantelle	70,372
Bendall, Lucy	65,599
Bennett, Christine	74,699
Bentley, Regina	66,191
Bertsch, Shirley	56,386
Bielecki, Joanne	63,316
Bilanski, Lisa	79,292
Birkett, Bryan	66,553
Birkett, Sandra	69,514
Bishop, Marla	81,002
Blais, Elaine	60,535
Blais, Louise	72,324
Blais, Patrick	72,519
Bloch Hansen, Kathryn	65,012
Bodnar, Cynthia	164,014
Bogdan, Kevin	71,661
Bonnett, Cindy	58,315
Booth, Beverly	91,713
Borgeson, Connie	65,191
Borowsky, Gail	83,898
Boskill, Sharon	82,972
Boulton, Noreen	60,057
Bouvier, Erin	56,157
Bouvier, Linda	70,961
Boyachek, Shelly	56,959
Brander, Bonita	62,415
Brander, Nicole	53,241
Brick, Dean	70,441
Briggs, Christine	56,824
Brinsky, Heather	61,940
Brost, Ruth	79,046
Brow, Robert	57,438
Brown, Betsy	62,323
Brown, Robert	87,389
Bruce, Richard	64,368
Brucks, Susan	61,999
Buchynski, Kenneth	82,934
Buckingham, Kimberlee	62,345
Bullock, Karen	57,331
Bunnell, Diane	82,145
Burroughs, Penny	88,359
Burry, Jean	72,212
Buschman, Lori	64,801
Callioux, Lynda	64,531
Campagnola, Gary	84,076
Cann, Terry	72,584
Carey, D	87,286
Carey, Lorelie	72,771
Carswell, Rita	66,603
Cavanagh, Dianne	57,970
Chambers, Margaret	67,164

Personal Services
Page 2 of 6

Chartier, Constance	83,513
Chaykowski, Brenda	65,161
Cherniak, Misha	54,646
Chomicki, Doreen	69,883
Chubb, Patricia	80,033
Clark, Margaret	51,420
Collins, Karen	54,620
Conacher, Ashley	84,454
Conacher, Laurie	63,413
Cook, Danelle	51,804
Cook, Robert	78,556
Cooke, Leanne	63,490
Cooney, Carol	51,448
Corbeil, Alan	57,254
Corpe, Cathy	57,511
Cortus, Debby	65,422
Craig, Irene	60,768
Crone, Eileen	63,564
Crowder, Nichole	67,124
Custer, Cory	57,491
Dahl, Glenda	57,185
De Bruin, Shannon	54,433
Dearborn, Anna	58,488
Decelle, Kathy	54,614
Degenstein, Amanda	55,168
Demontarnal, Marie	55,732
Deneschuk, Judith	61,878
Denis, Irene	102,289
Denton, Errol	54,502
Derkach, Linda	81,399
Deutscher, Carol	69,971
Dimmick, Tammy	70,441
Dodsworth, Dawn	67,802
Donald, Brenda	57,248
Douville, Lorraine	71,990
Ducharme, Audrey	52,541
Duddridge, Shawn	72,096
Dumouchel, Kathryn	63,492
Dupuis, Darlene	76,168
Dyck, Carol	72,603
Dyck, Carolyn	65,833
Eberle, Cindy	82,398
Edgar Cozine, Shelly	92,635
Ekstrand, Maxine	51,974
Eliasson, Fred	61,054
Elliott Rumpf, Karen	65,343
Ellis, Shana	51,478
Engelke, Albrecht	81,619
Engelke, Carmel	78,871
English, Darlene	60,645
English, Roderick	69,490
Epp, Priscilla	67,303
Ernst, Bernadett	66,061
Etcheverry, Lionel	65,532
Etcheverry, Patricia	61,928
Etcheverry, Valerie	62,509
Etue, Christine	53,929
Fan, David	132,802
Farrell, Barbara	53,600
Feist, Hazel	56,012
Felix, Richard	57,331
Ferguson, Sandra	65,890
Ferguson, Wendy	58,019
Ferland, Armande	64,468
Field, Anita	69,183
Floarea, Cristina	54,694
Forester, Barbara	64,991
Franz, Robert	69,138
Frey, Geoff	52,643
Friedrich, Andy	64,107
Frolek, Patricia	72,312
Fugleberg, Beverly	57,013
Fung, Teresa	79,833
Gabruch, Colleen	61,318
Gallano, Florinda	57,837
Garand, Don	55,438
Gardiner, Angela	61,168
George, Debra	53,455
Gerbig, Karen	71,487
Gerbrandt, Gloria	64,785
Gerlinsky, Lisa	54,213
Gervais, Donnell	65,900
Gibb, Marie Pat	53,342
Gill, Chris	55,351
Gillen, Toby	79,953
Glassford, Carrie	72,359
Glowa, Lorne	65,447
Goota, Monica	80,887
Gossen, Karen	76,057
Graham, Monica	54,593
Graham, Susan	58,006
Grant, Sandra	65,666
Grasby, Michele	68,001
Graupe, Lori	72,893
Greedharry, Prema	55,853
Green, Tara	53,229
Greenwood, Beverly	66,752
Grela, Joseph	51,062
Greschner, Nadyne	66,837
Grychowski Whitehead, Loraine	83,749
Gubbe, Debra	61,651
Gubbe, Greg	63,278
Gubbe, Louis	51,067
Gubbe, Spencer	65,830
Gullion, Nicole	70,121
Gunderson, Alison	60,062

Gusztak, Lewko	268,906
Hadland, Brenda	64,474
Hagerty, Tammy	58,230
Hanna Woodworth, Jennifer	64,421
Hanna, Pamela	66,721
Harasymuk, Brian	83,898
Harbus, Debbie	65,201
Hardy, Emily	72,603
Harms, Shannon	61,439
Harper, Monica	56,654
Harrison, Garth	56,919
Harvey, Patricia	75,636
Haughian, Terrie	69,786
Heenan, Deborah	60,646
Heidel, Josephine	52,397
Heidel, Kellie	73,783
Heidel, Michelle	60,992
Heintz, Wendy	65,978
Helmeczi, Amanda	58,765
Hepp, Raquel	67,184
Hertes, Susan	61,720
Hetu, Deborah	69,786
Hilderman, Diane	60,132
Hillier, Craig	76,467
Hilsendager, Brent	56,487
Hilsendager, Rose	55,676
Hnatiw, Carrie	56,908
Hoganson, Mardelle	65,080
Hoglander, Lorna	66,908
Holba, Barb	65,637
Hollman, Valarie	59,372
Horn, Janice	63,773
Horpestad, Beverlie	57,754
Horsman, Shelly	67,798
Houk Beverley, Estate Of	63,047
Houk, Valerie	52,194
How, Ernie	53,156
Hryn, Donna	75,166
Hubbard, Barry	287,732
Humenny, Therese	90,883
Hunt, Cecile	97,565
Huxley, Denise	69,627
Igini Close, Marie	53,170
Illingworth, Connie	64,107
Imhoff, Shannon	50,478
Ip Fung Chun, Roger	94,826
Iwanchuk, Debbie	64,107
Jamieson, Claudette	98,150
Jamieson, Jennifer	61,890
Jones, Judy	54,649
Jonsson, Brian	72,108
Jordan, Debra	55,644
Kaltenborn, Vicki	68,687
Kane, Bonnie	56,477
Kaplar, Gwendolyn	77,129
Keller, Jerry	102,289
Keller, Muriel	54,651
Kenny, Karen	80,319
Killoran, Jamie	57,347
Killoran, Linda	50,646
Kingwell, Darlene	54,502
Kipp, Renee	57,182
Kirtzinger, Brenda	83,813
Knutson, Theresa	62,219
Koch, Gail	56,814
Koch, Lori	73,063
Koroll, Georgette	66,554
Koroluk, Richard	64,107
Kotun, Laurie	61,433
Kozinski, Judy	56,072
Kozlowski, Koreen	65,908
Kozma, Vivian	62,778
Kramer, Barbara	54,436
Kramer, David	51,342
Laclare, Larry	57,438
Lafreniere, Pamela	72,260
Lahey Wiggs, Carol	64,009
Lamb, Linda	63,951
Lamon, Pamela	56,964
Lamoureux, Peggy	113,209
Landreth, Janet	65,841
Landrie, Cynthia	54,951
Lauritzen, Dianne	57,450
Lavoie, Gail	57,438
Lay, Justine	51,169
Leibel, Lillian	62,808
Leier, Betty Lou	64,104
Leitner, Jean	65,939
Leniuk, Janine	54,204
Lessner, Dwayne	52,791
Letwinetz, Bonnie	65,011
Lewis, Linda	64,107
Lindquist, Marilyn	62,528
Lindquist, Murray	73,253
Lindquist, Randy	75,289
Loch, Sharlene	100,900
Lockhart, Joyce	65,980
Lockwood, Dorothy	55,134
Loewen, Heather	60,982
Loney, Shirley	96,185
Looshorn, Jennifer	53,807
Loveday, Marsha	52,122
Lummerding, Michael	73,039
Lumsdon, Brian	63,810
Macdiarmid, Donna	59,689
Macdonald, Joan	62,946

Personal Services
Page 4 of 6

Mackinnon, David	84,857
Mackrell, Carol	71,939
Macnab, Brenda	50,667
Macnab, Ralph	76,941
Macnab, Shelly	51,038
Mamer, Susan A	65,389
Manegre, Carole	51,283
Manegre, Sherri	56,334
Mann, Sabrina	70,486
Mason, Betty	63,771
Matechuk, Joan	65,610
May, Erin	62,937
Mccall, Gerard	85,952
Mccaslin, Howard	54,051
Mcintyre, Darcy	62,866
Mcmaster, Teresa	56,245
Mcmillan, Murray	65,445
Mcmillan, Teresa	74,149
Mcneil, Dana	73,297
Mcouat, Ina	50,893
Mcrae, Kenneth	71,190
Mcwatters, Patricia	72,603
Mee, Brad	60,291
Meena, Sharon	58,765
Mehboob, Mohammad	175,252
Meikle, Mary Lynn	56,117
Melchior, Jacquelin	52,527
Melenchuk, Dalton	60,447
Melling, Lynne	57,670
Miller Marinier, Terry	61,027
Miller, Jennifer	55,763
Mills, Patricia	55,386
Misener, Patricia	72,603
Mitchell, Cheryl	69,152
Moir, Barbara	71,866
Moore, Dennis	66,384
Morin, Rochelle	56,751
Morin, Roxanne	70,591
Moylan, Jennifer	64,219
Munroe, Frank	59,807
Murphy, Irene	70,167
Myszczyszyn, Debbie	53,225
Nachtegaele, Glenn	57,697
Nagy, Sylvia	72,547
Naigle, Odile	68,904
Nash, Faith	57,194
Navarro, Lori	65,307
Nelson, Donna	61,419
Nesdoly, Allison	60,085
Nielsen, Tracie	83,898
Nolin, Gary	60,132
Nyholt, Pamela	69,582
Nystrom, Dawn	70,322
O Grady, Glenda	52,561
Oborowsky, Earl	93,093
Oddan, Irene	62,634
Ohanlon, Tanya	50,028
Olenick, Glenna	56,588
Oliver, Lisa	66,303
Oliver, Lynda	67,781
Olson, Donna	54,143
Omelchenko, Kim	65,423
Oquinn, Jeanne	83,489
Orriss, Cliff	72,603
Oster, Adrienne	61,757
Ouellette, Keith	80,348
Oullette, Sandra	65,563
Palidwor, Marion	62,436
Palmer, Janet	77,612
Panamaroff, Ruby	59,720
Parker, Scott	63,755
Parkinson, Glenda	54,867
Pashniak, Sandra	50,984
Paylor, Lindsay	59,342
Pellerin, Sonja	83,898
Pentz, Daniel	300,219
Perkins, Diane	85,123
Peterson, Janet	53,015
Petruk, Paula	67,208
Phommavong, Dur	65,695
Piatt, Roger	60,613
Pidkowa, Barbara	60,073
Piper, Diane	65,902
Pitman Fisher, Patricia	65,604
Politeski, Linda	64,107
Pollock, Stephen	60,895
Potter, Murray	55,566
Prescesky, Jan	58,135
Preston, Colleen	76,361
Pruden Mcivor, Suzanne	72,603
Pruden, Leslie	50,775
Prystupa, Edna	57,475
Prystupa, Tracey	60,676
Quarshie, Linda	67,389
Rackel, Mary	60,322
Raiche Bogdan, Karen	65,713
Raiche, Chasity	61,406
Rathke Kubik, Candace	56,660
Raw, Julie	62,445
Rea, Gina	52,730
Redhead, Tammy	56,286
Reimer, Bruce	77,265
Reinhart, Cathy	73,264
Reiter, Ruth	57,239
Rewerts, Marsha	59,190
Rhinehart, Marcia	54,321

Ribey, Coleen	67,640
Risling, Cora	50,958
Risling, Diana	61,748
Robb, Kerri	55,232
Robinson, Alice	57,438
Robinson, Shelley	65,610
Rogers, Corrinne	60,986
Ross, Debra	52,441
Roszlein, Diane	95,202
Roth, Louise	74,832
Rothenburger, Evelyn	65,614
Roussel, Debbie	57,318
Rowland, Mary	59,524
Roy, Melodie	73,412
Rutherford, Joyce	65,337
Sack, Gail	54,050
Sack, Linda	70,169
Sankey, Sharon	87,204
Sawatzky, Yvonne	63,475
Saworski, Carla	52,925
Sayers, Chad	78,392
Sayers, Tracey	60,975
Schlapkohl, Wayne	81,829
Schmidt, Leona	53,676
Schmitz, Anita	55,361
Schultz, Colleen	50,075
Schwab, Gabriel	53,291
Schweder, Laurie	72,936
Scott Olsen, Randa	66,422
Servold, Brenda	60,734
Shaw, Adena	51,712
Shynkaruk, Linda	83,898
Sieben, Dianne	56,849
Sieben, Tracy	68,293
Simon, Curtis	78,907
Simon, Doreen	65,199
Simons, Karen	57,213
Sinfield, Beverly	65,782
Slager, Tammy	52,396
Slater, Carol	56,778
Smith Jonsson, Lori	56,521
Sonnega, Lois	67,135
Spence, Caroll	72,603
Spencer, Bonnie	55,003
Squair, Laura	78,026
St Pierre, Edouard	61,208
Stafford, Bonnie	50,723
Startup, Ken	61,059
Stein, Eleanor	53,083
Steinacher, Roxanne	52,244
Steinborn, Laura	68,625
Stener, Marian	69,844
Stephen, Mark	54,716
Stoebich, Irene	68,444
Strueby, Gail	61,092
Suberlak, Rhonda	77,700
Suter, Marj	54,953
Sutherland, Brenda	67,521
Sutherland, Charene	50,859
Sutton, Richard	68,747
Swerid, Cora	51,405
Sword, Sherry	74,229
Sydia, Dana	51,095
Sylvestre, Neal	82,354
Tait, Christine	53,575
Tarasoff, Lorna	76,498
Tatchell, Maureen	65,047
Taylor, Sheila	63,860
Tebay, Roberta	98,386
Ternes, Ronald	85,374
Thiele, Chris	66,829
Tkatchuk, Phyllis	56,113
Tkatchuk, Sheila	70,098
Toews, Celeste	51,744
Tokaryk, Dawne	64,451
Tollefson, Judy	87,096
Toye, Colleen	64,049
Tracy, Bernice	69,830
Tran, Sam	66,925
Tuiloma, Adi	63,806
Uzelman, Dione	53,803
Uzelman, Glennys	102,289
Van Der Merwe, Lynette	67,044
Vany, Jamie	73,677
Vany, Yvonne	63,248
Varghese, Gigi	61,466
Veikle, Anita	57,521
Veikle, Joan	50,874
Vick, Bonnie	104,236
Wagar, Marie	56,997
Walker, Tracy	54,557
Wall, Elaine	63,506
Wallace, Lucy	77,004
Walls, James	72,603
Wappel, Wendy	64,478
Warren, Chris	52,411
Warrington, Natalie	54,215
Wasson, Lorraine	90,357
Wasyliw, Shelley	72,194
Waterhouse, Jodie	62,148
Watson, Carolyn	50,984
Watson, Donna	94,003
Watson, Katharina	61,981
Watt, Anne	82,009
Watt, Kelly	74,052
Watt, William	64,083

Personal Services
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Weber, Bonnie	51,375
Weber, Daneen	66,793
Weikle, Mireille	60,450
Weninger, Leah	74,024
Weran, Karen	50,181
White, Terry	61,484
Whyte, Sheila	64,872
Wick, Judith	60,236
Wiens, Gina	56,812
Wiklund, Lori	57,557
Wilford, Loucinda	72,448
Wilkes, Michelle	57,595
Wilkie, Fred	54,502
Windsor, Nicole	52,873
Winterholt, Catriona	65,570
Wirachowsky, Jean	52,326
Wladychka, Robert	87,405
Wobeser, Edith	77,778
Wolfe, Anita	54,060
Woloski, Roy	63,536
Wright, Christine	53,010
Wright, Debra	71,478
Wuttunee, Alice	54,918
Wyatt, Shirley	60,002
Wychopen Janice	64,632
Yuen, Wai	87,077
Zacharias, Leila	64,920
Zacharias, Wayne	50,984
Zimmer, Joan	83,898
Zinchuk, Michelle	65,009
Zinger, Ronda	57,211
Zou, Hongyu	50,804

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Abbott Laboratories	204,709
Advanced Electronic Solutions	53,051
Alcon Canada Inc	264,586
Alberta Health	67,858
American Medical Systems Can Inc	60,297
Aodbt Architecture Interior	1,215,124
Arjo Canada Inc	270,132
Atco Gas	439,435
Baxter Corporation	58,564
Bayer Inc	52,793
BCOM Computer	452,807
Beckman Coulter Canada Inc	230,028
Bexson Construction	471,292
Battleford Physiotherapy	67,712
Biomerieux Canada Inc	174,733
Bomimed Inc	370,940
Bunzl Canada Ltd	144,105
Can Mental Health Ass-N B'Ford	130,229
Canadian Corps Of Commissionaires	152,362
Can-Med Healthcare	302,718
Carsen Group Inc	78,832
Ceg Energy Options Inc	292,804
Chef Redi-Meats Inc	73,390
Cheyne's Plumbing & Heating Ltd	57,965
City of Lloydminster	63,079
City Of North Battleford	207,895
Coronet Equipment Ltd	75,265
CUPE Local 5111	842,119
Deloitte & Touche	57,923
Department Of Laboratory Medicine	50,635
Derkatz, Trevor	51,043
Dynacare Kasper Medical Labs	143,952
Fiber Tech Canada	111,406
Futuremed	429,241
Geanel Restaurant Supplies	172,126
G-M Pearson Biomedical Waste	56,927
Grand & Toy	323,880
Great West Life Assurance Co	808,675
Health Sciences	102,133
Hill-Rom Canada	160,593
Hospira Healthcare Corporation	529,293
Ikon Office Solutions	331,764
Johnson & Johnson Medical Products	356,687
Karl Storz Endoscopy Canada Ltd	70,482
Kemsol Products Ltd	106,104
Kodak Canada Inc	494,126
Kramer, David- Patients'	89,649
Local Authorities Pension Plan	1,033,824
M C Healthcare Products Inc	92,327
Marian Press Ltd	81,162
Marsh Canada Ltd	322,685
Mckesson Canada Corporation	807,858
Meadow Lake Associate Clinic	225,371
Med-I-Pant Inc	66,396
Minister Of Finance	143,932
Momentum Healthware	57,000
N B'Ford Carpet One	84,663
National Refrigeration Heating	55,644
Nicole Enterprises Inc	126,644
Nor West Distributors Inc	56,205
North Sk Laundry & Support	1,831,445
North West Catholic School Div16	83,829
Nova Biomedical Canada Ltd	51,501
Novartis Pharmaceuticals Canada	254,161
Onix Systems Group	54,560
Ormed Information Systems Ltd	116,818
Ortho Clinical Diagnostic	153,735
Philips Medical Systems	2,551,242
Portage Vocational Society Inc	72,211
Prairie Meats	176,250
Public Employees Superannuation	790,649
Public Service Superannuation	280,642
Racco Industrial Roofing	136,108
RCDP/CPDN	1,237,337
Receiver General for Canada	28,724,469
Roche Diagnostics	416,712
Russell Food Equipment Ltd	94,591
Saputo	277,958
Saskatchewan Association of Health-Care Organizations	4,924,098
Saskatchewan Health	82,903
Saskatchewan Health Care Employees Pension Plan	7,334,174
Saskatchewan Property Management Corporation	1,127,043
Saskatchewan Registered Nurses Association	165,166
Saskatchewan Union of Nurses	392,560
Schaan Healthcare Products	1,418,317
Shoppers Drug Mart (N B'Ford)	229,597
Sask Energy	679,968
Sask Power Corporation	1,278,152
Sask Tel	840,065
Smith & Nephew Richards	102,561
Smiths Medical Canada Ltd	50,863
Source Medical	500,101
Steris Canada Inc	154,754
Stevens Company Limited	91,340
SU Canada,Ltd	240,238
Sunspun Food Service	603,659
Sysco (Edmonton)	802,448
Thorpe Brothers Ltd	52,572
Twin Rivers Health Care Foundation	54,714
Tyco Healthcare Group Inc	250,118
Unisource Canada Inc	197,328
Van Houtte Coffee	54,704
Vital Aire (Saskatoon)	74,672
Vitality Foodservice Canada Ltd	103,738
Worker's Compensation Board - Alberta	110,290
Worker's Compensation Board - Saskatchewan	1,669,908
Weston Bakeries Limited	57,493
Wright Construction Western Inc	2,233,833

Transfers

Listed by program, are transfers to recipients who received $50,000 or more.

Battleford Early Childhood	57,846
Battleford Family Health Center	868,043
Early Childhood Services	101,448
Children First Childcare	232,313
East Central Regional Health Authority	174,165
Edwards Society Inc	292,862
Learning Tree Child Development	100,118
Libbie Young Centre Inc	301,017
Lloyd Emergency Care	987,202
Marshall's Ambulance	469,825
MD Ambulance Care Ltd	227,558
Villa Pascal	1,517,082
Walter A Slim Thorpe Rec Centre	430,675
WPD Ambulance	841,148

Other Expenditures

Listed are payees who received $50,000 or more for expenditures not included in the above categories.

Abdel-Salam, Dr E	50,549
Abouhamra, Dr	61,241
Ali, Dr. Fazal	395,019
Bekker, Dr. Leon	277,183
Best, Dr J	111,353
Cassim, Dr	50,483
Cholin, Brenda Dr	258,771
Cross, Dr Jim	106,045
Dala, Dr G	249,698
Duncan, Dr D	270,831
Elghdewi, Dr	60,159
Furniss, Dr. Cm	82,148
Goosen, Dr Hilgard	51,130
Holtzhausen, Dr P	77,085
Ibarreta, Dr N	294,603
Johnson, Dr J	71,390
Mahmood, Dr Y	322,785
Marcelo, Dr M	312,664
Mehboob, Dr Mohammad	63,530
Nabi, Dr W	119,644
Neveling, Dr Ch	135,398
Niemand, Dr Christiaan	240,338
Ntambazi, Dr Matthew	261,405
Obikoya, Dr Olubanikole	298,882
Pentz, Dr D	93,025
Ramachandran, Dr K	327,648
Ramachandran, Dr N	304,698
Retief, Dr Petrus	188,090
Retief, Dr Wilhelm	55,616
Rogers, Dr R M	72,846
Sam, Dr Veronica	57,723
Urbani, Dr Gian	59,944
Vander Merwe, Dr A	86,535

Performance Management Summary

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators-measures of progress towards, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each Region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

INDICATOR	RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Organizational Effectiveness Indicators				
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled[1] *as of March 2006*	CCHSA Focus Visit March 17, 2006. Next Complete Survey June 2007	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004/2005*	103	*not applicable*	*not applicable*	*to be determined*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004/2005*	75%	83%	58% - 96%	*to be determined*
Percentage of critical incidents meeting timeframe for notification (3 days) *2005/2006*	100.0%	96.9%	94.2% - 100.0%	100% compliance
Percentage of critical incidents meeting submission timeframe for written report (60 days or 180 days) *2005/2006*[2]	*data currently not available*	*data currently not available*	*data currently not available*	100% compliance

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Health Human Resources					
Number of sick leave hours per full time equivalent (FTE) by affiliation - SK FTEs only *2005/2006*	Provider Union CUPE - SK	92.79	90.60	79.59 - 116.42	____[5]
	Provider Union (AUPE - AB)	*not available*	*not available*	*not available*	*not available*
	HSAS	77.21	64.00	45.01 - 123.48	____[5]
	OOS/OTHER[3]	44.69	48.09	30.44 - 61.87	____[5]
	SUN	96.09	91.94	53.66 - 98.79	____[5]
	UNA	*not available*	*not available*	*not available*	*not available*
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All SK Affiliations	88.84	85.18	69.24 - 103.96	____[5]
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation - SK FTEs only *2005/2006*	Provider Union CUPE - SK	28.19	32.83	15.22 - 80.89	____[5]
	Provider Union AUPE - AB	*not available*	*not available*	*not available*	*not available*
	HSAS	22.35	24.75	0.35 - 88.09	____[5]
	OOS/OTHER[3]	4.67	3.17	0.00 - 10.15	____[5]
	SUN	94.51	72.44	24.61 - 426.41	____[5]
	UNA - AB	*not available*	*not available*	*not available*	*not available*
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All SK Affiliations	39.67	38.06	17.96 - 130.02	____[5]
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006*	Provider Union CUPE - SK	1,202.30	*not applicable*	*not applicable*	*not applicable*
	Provider Union AUPE - AB	89.01			
	HSAS	119.25			
	OOS/OTHER[3] - SK	137.89			
	OOS/OTHER - AB	10.96			

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Distribution of health system full time equivalents (FTEs) by affiliation *2005/2006* (continued)	SUN	377.26	*not applicable*	*not applicable*	*not applicable*
	UNA - AB	13.66			
	RWDSU[4]	*not applicable*			
	All Affiliations	1,950.33			
Number of lost-time WCB claims per 100 full time equivalents (FTEs) - SK FTEs only *2005/2006*		7.30	8.07	4.48 - 10.57	_____[5]
Number of lost-time WCB days per 100 full time equivalents (FTEs) - SK FTEs only *2005/2006*		289.11	447.10	190.64 - 618.66	_____[5]
Percentage of employees self-identifying as Aboriginal *2003/2004[6]*		*not available*	*not available*	*not applicable*	*to be determined*
Worked hours as a percentage of total hours by affiliation - SK FTEs only *2005/2006*	Provider Union CUPE - SK	80.1%	79.3%	73.7% - 80.2%	_____[5]
	Provider Union AUPE - AB	*not available*	*not available*	*not available*	*not available*
	HSAS	81.8%	82.2%	76.4% - 84.4%	_____[5]
	OOS/OTHER[3]	83.7%	84.0%	80.9% - 87.1%	_____[5]
	SUN	74.9%	76.0%	63.7% - 78.7%	_____[5]
	UNA - AB	*not available*	*not available*	*not available*	*not available*
	RWDSU[4]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	All SK Affiliations	79.4%	79.2%	73.2% - 80.4%	_____[5]

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Financial					
Working capital ratio (current ratio) *2005/2006*		1.11	*not applicable*	0.36 - 2.02	*to be determined*
Number of days able to operate with working capital *2005/2006*		(0.08)	*not applicable*	(62.41) - 18.50	*to be determined*
Surplus/deficit *2005/2006*		$1,334,000	*not applicable*	($1,507,000) - $5,002,000	$0
Surplus/deficit as a percentage of actual operating expenditures *2005/2006*		0.9%	*not applicable*	(1.2%) - 1.3%	0.0%
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2005/2006 [yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected *quarterly*
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of exams as a percentage of agreed on target for specialized medical imaging services: magnetic resonance imaging (MRI) scans[7] *2005/2006*		*not applicable*	*not applicable*	*not applicable*	100%
Number of exams as a percentage of agreed on target for specialized medical imaging services: computed tomography (CT) scans[8] *2005/2006*		43%	*not applicable*	*not applicable*	100%
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] *2004/2005*		53 days	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions - Calder Centre[10] *2004/2005*	Child / Youth	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Adult	*not applicable*			

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Length of stay efficiency of inpatient rehabilitation programs - Wascana Rehabilitation Centre and Saskatoon City Hospital[11,12] *2004/2005*	Stroke	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Brain Dysfunction				
	Spinal Cord Dysfunction				
	Orthopaedic Conditions				
	Neurological Conditions				
	Amputation of Limb				
	Major Multiple Trauma				
	Medically Complex				
	Debility				
	Cardiac				
	Pulmonary				
	Arthritis				
	Pain Syndrome				
	Other				
Acute Care Services					
Number of surgical cases[13] *2005/2006*		4,287	*not applicable*	*not applicable*	——[14]
Percentage of surgical cases performed as day surgery[13] *2005/2006*		57.1%	54.4%	39.0% - 66.6%	*to be determined*
Percentage of Priority Level II, IV and VI surgical cases completed within Saskatchewan's Target Time Frames[13] *2005/2006*	Priority Level II within 3 weeks	97.5%	56.3%	44.1% - 97.5%	95%
	Priority Level IV within 3 months	97.4%	65.1%	46.4% - 100.0%	80%
	Priority Level VI within 12 months	100.00%	84.2%	72.9%	80%

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Institutional Supportive Care Services					
Average wait time between approval for placement and placement for institutional supportive care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Case mix index for institutional supportive care facilities[15] *as at the end of Q2 2005/2006*		0.77	0.77	0.75 - 0.80	*to be determined*
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[15] *as at the end of Q2 2005/2006*		29.8%	22.2%	15.2% - 29.8%	*to be determined*
Home-Based Supportive Care Services					
Average wait time between assessment and commencement of supportive home care services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Population Health Services					
Percentage of eligible population receiving recommended immunization at second birthday[16] *July 1, 2004 to June 30, 2005*[17]	Diphtheria	71.2%	72.9%	50.0% - 86.5%	*to be determined*
	Measles	68.9%	71.2%	50.0% - 83.9%	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns *2005/2006*[18]		*data currently not available*	*data currently not available*	*data currently not available*	90% compliance

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act*) *2004/2005*	FEE - Food Eating Establishment	65.82%	*not applicable*	16.91% - 100.77%	80% - 100%
	FPL - Food Processing (Licensed)	61.29%	*not applicable*	0.00% - 96.43%	
	LA - Licensed Accommodations	46.89%	*not applicable*	28.66% - 100.00%	
	SWT - Swimming Pools / Water Themes	100.0%	*not applicable*	12.00% - 100.00%	
	Public Water Supplies	78.24%	*not applicable*	21.23% - 99.28%	
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[19] *2003*[20]	Males	24.5%	24.6%	20.8% - 40.7%	*to be determined*
	Females	26.7%	23.1%	11.6% - 42.0%	
Influenza immunization rate per 100 population (age 65 years and over) *2004/2005*		75%	68%	57% - 75%	*to be determined*
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2004/2005*		53.7%	54.5%	35.7% - 80.9%	*to be determined*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2006*		13.9%	26.6%	0.00% - 100.00%	25% of SK residents by 2006, 100% by 2011
Total number of new primary health care teams developed in the current year *2005/2006*		0	*not applicable*	*not applicable*	*not applicable*
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that includes an updated Diabetes Plan *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Regional Operational / Budget Plan includes an updated Primary Health Care Plan that outlines potential primary health care financial requirements *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
RHA participated in 5-year evaluations of demonstration sites, as required *March 2006 [yes/no indicator]*		Yes	*not applicable*	*not applicable*	Yes
Mental Health and Addiction Services					
Average length of stay of mental health inpatients compared to expected length of stay[21] *2004/2005*	Average Length of Stay	11.1 days	14.4 days	11.1 days - 18.0 days	*to be determined*
	Average Expected Length of Stay	9.0 days	12.4 days	9.0 days - 15.0 days	
Mental health inpatient readmission rate per 100 mental health inpatients[21] *2004/2005*		24.5%	21.6%	17.9% - 30.3%	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions[22] *2004/2005*		72.3%	64.3%	56.8% - 72.3%	*to be determined*
Average wait time for admission to alcohol and drug inpatient services *to be determined*		*data currently not available*	*data currently not available*	*data currently not available*	*to be determined*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures *2005/2006*		4.5%	*not applicable*	3.4% - 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[23] *2002-2004*		7.5	5.9	4.0 - 10.5	*to be determined*
Low birth weight rate per 100 live births[23] *2002-2004*		5.2	5.4	3.7 - 6.0	*to be determined*
High birth weight rate per 100 live births[23] *2002-2004*		16.0	15.7	12.9 - 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[19] *2001*	Circulatory Diseases	852.1	951.5	817.9 - 1,208.9	*to be determined*
	All Malignant Neoplasms	1,427.2	1,483.1	1,126.0 - 1,706.8	
	All Respiratory Diseases	308.2	222.9	63.5 - 376.5	
	Unintentional Injuries	1,153.8	1,028.0	636.4 - 2,781.8	
	Suicide and Self-Inflicted Injuries	530.4	412.1	315.1 - 628.5	
Disability-free life expectancy (at birth)[19] *1996[24]*	Males	64.7 years	66.6	61.8 - 69.2	*to be determined*
	Females	69.2 years	70.0	63.2 - 72.5	
Disability-free life expectancy (at age 65 years)[19] *1996[24]*	Males	11.1 years	11.2	8.7 - 12.1	*to be determined*
	Females	12.5 years	12.7	8.4 - 13.2	
Life expectancy (at birth)[19] *2001[25]*	Males	76.0 years	76.2	72.1 - 78.2	*to be determined*
	Females	80.8 years	81.8	76.1 - 82.8	
Life expectancy (at age 65 years)[19] *2001[25]*	Males	*16.8 years*	*16.9*	*15.6 - 18.0*	*to be determined*
	Females	*20.0 years*	*20.9*	*17.2 - 21.8*	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[19] 2003[20]		*61.8%*	*59.5%*	*47.6% - 63.7%*	*to be determined*
Percentage of population (age 18 to 64 years) who are overweight or obese[19] *2003[20]*	Overweight (BMI 25.0-29.0)	*39.1%*	*35.8%*	*31.7% - 41.8%*	*to be determined*
	Obese (BMI 30.0+)	24.9%	20.5%	16.4% - 27.2%	

INDICATOR		RHA VALUE	PROVINCIAL VALUE	RANGE	TARGET
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[19] *2003[20]*	Active / moderately active	52.4%	49.8%	41.7% - 56.1%	*to be determined*
	Inactive	45.5%	47.8%	41.0% - 56.4%	
Number of visits to a physician for a mental health reason *2004/2005*	General Practitioners	16,618	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	1,778			
Age-adjusted diabetes prevalence rate per 1,000 population[26] *2003/2004*		61.1	*not applicable*	46.1 - 91.3	*to be determined*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2003/2004*	Males	9.6	11.1	8.4 - 28.7	*to be determined*
	Females	6.1	7.1	5.3 - 15.5	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2003/2004*	Males	14.7	14.9	10.2 - 23.0	*to be determined*
	Females	24.3	25.4	0 - 38.3	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed information about all of the indicators presented in this summary.

1 The content of this indicator changed from the 2004/2005 summary (the date of (last or scheduled) CCHSA accreditation, instead of the accreditation status).

2 Data on critical incident written report submission will always lag by up to 6 months because of the timeframe in which reports may be submitted. Data is currently not available for the complete 2005/2006 fiscal year.

3 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

4 The RWDSU category is applicable to Regina Qu'Appelle only.

5 Benchmark development is still in progress for the health human resources indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

6 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2003/2004, and is not available for Sun Country, Five Hills, Prairie North or the province as a whole. These values were also reported in Saskatchewan Health's "2005-2006 Provincial Budget Performance Plan" and "2006-2007 Provincial Budget Performance Plan".

7 MRI indicator is applicable to Regina Qu'Appelle and Saskatoon only.

8 CT indicator is applicable to Five Hills, Cypress, Regina Qu'Appelle, Sunrise, Saskatoon, Prince Albert Parkland, and Prairie North only.

9 SHNB indicator is applicable to Prairie North only.

10 "Alcohol and drug inpatient treatment completion rate - Calder Centre" is applicable to Saskatoon only.

11 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.

12 Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.

13 Surgical indicators are not applicable to Mamawetan Churchill River and Keewatin Yatthé.

14 The 2005/2006 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

15 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.

16 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

17 The reporting period for "Percentage of eligible population receiving recommended immunization at second birthday" changed from what was used for the 2004/2005 summary (July 1 to June 30, instead of calendar year).

18 Data on Tobacco Control Act compliance is currently not available due to system implementation issues.

19 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

20 The Canadian Community Health Survey (CCHS) is updated bi-annually, so results will be the same as those reported for 2004/2005.

21 Mental health inpatient indicators are not applicable to Heartland, Kelsey Trail, Mamawetan Churchill River, and Keewatin Yatthé.

22 "Alcohol and drug inpatient treatment completion rate" is applicable to Regina Qu'Appelle, Saskatoon, Prairie North, Mamawetan Churchill River, and Keewatin Yatthé only.

23 The calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used for the 2004/2005 summary. The time period also changed (three consecutive years, instead of five).

24 Statistics Canada is no longer calculating this measure (they replaced it with a similar measure, "Health Adjusted Life Expectancy (HALE)", but it is not available at the regional level). Therefore, results will be the same as those reported for 2004/2005.

25 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results will be the same as those reported for 2004/2005.

26 Diabetes cases are now determined using the prescription drug database along with the hospital separations and physician services databases. Caution should be exercised if comparing results to those that were presented in the 2004/2005 summary.

Appendix A - Acronyms

AB	Alberta
ACLS	Advanced Cardiac Life Support
ADT	Admission, Discharge Transfer
ALS	Advanced Life Support
AUPE	Alberta Union of Provincial Employees
BDCC	Battlefords District Care Centre
BMHC	Battlefords Mental Health Centre
BMI	Body Mass Index
BTC	Battlefords Tribal Council
BTCIHS	Battlefords Tribal Council Indian Health Services
BUH	Battlefords Union Hospital
BUHF	Battlefords Union Hospital Foundation
CAN(s)	Community Advisory Network(s)
CBIP	Canadian Building Incentives Program
CBO	Community-Based Organization
CHSA	Canadian Council on Health Services Accreditation
CEO	Chief Executive Officer
CQI	Continuous Quality Improvement
CT	Computed Tomography
CUPE	Canadian Union of Public Employees
ECH	East Central Health (Region, Alberta)
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ENT	Ear, Nose and Throat
ESP	Employee Scheduling Program
FASD	Fetal Alcohol Spectrum Disorder
FTE(s)	Full-Time Equivalent(s)
HCO(s)	Health Care Organizations(s)
HISC	Health Information Solutions Centre
HIV	Human Immunodeficiency Virus
HSAS	Health Sciences Association of Saskatchewan
HQC	Health Quality Council
IT	Information Technology
LPN	Licensed Practical Nurse
LRHF	Lloydminster Region Health Foundation
MAC	Medical Advisory Committee
MDS/ RUGS	Minimal Data Set/Resource Utilization Group
MHO	Medical Health Officer
MRI	Magnetic Resonance Imaging
MRSA	Methicillin Resistant Staphylococcus Aureus
NP	Nurse Practitioner
NSL	North Sask Laundry (& Support Services Ltd.)
OH&S	Occupational Health and Safety
OOS	Out-of-Scope
PART	Professional Assault Response Training
PHC	Primary Health Care
PNHR	Prairie North Health Region
PNRHA	Prairie North Regional Health Authority
QCC	Quality of Care Coordinator
RHA	Regional Health Authority
RIC	Regional Intersectoral Committee
RM	Rural Municipality
RN	Registered Nurse
SAHO	Saskatchewan Association of Health Organizations
SEP	Single Entry Point
SHNB	Saskatchewan Hospital North Battleford
SPM	Saskatchewan Property Management
SSCN	Saskatchewan Surgical Care Network
SUN	Saskatchewan Union of Nurses
TCA	Tobacco Control Act
TLR	Transfer, Lift and Repositioning
UNA	United Nurses of Alberta
WCB	Workers Compensation Board
WNV	West Nile Virus

Appendix B - PNHR Key Activity Indicators

Since its inception, Prairie North Health Region has worked to assess, standardize, collect, compile, coordinate and refine data pertaining to our service, client, and utilization levels. The data is used to examine and identify strengths, weaknesses or gaps in our service delivery, along with trends, changes and areas for improvement in what we do and how we do it.

Prairie North is confident that the activity indicator information we have been able to collect and present to date is accurate, consistent, and comparable across like programs and facilities in our Region. The information is integral to our measures of success in meeting the care and service needs of our clients, and in our decision-making processes and planning toward meeting our goals and objectives.

The source document for the Activity Indicator data tables is the **PNRHA Key Activity Indicators 2005-2006** report.

Acute Care and Rural Health Services

Generally, as the following tables illustrate, acute care activity in Prairie North has increased in several categories, including a 4.9% rise in the number of hospital separations/admissions, a 5.4% jump in the number of babies born in the Region, and a 4% hike in the total number of surgeries performed. The number of acute care beds was increased by only two, and patients are staying in hospital for shorter periods of time overall, particularly in the Region's three largest and busiest hospitals in North Battleford, Lloydminster, and Meadow Lake.

PNHR Acute Care Activity Indicators

	Beds		Separations		Average Length of Stay (Days)		Live Births		Surgical Cases - Total OR & Endoscopy		
	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	Change
North Battleford	71	74	4,003	3,797	3.93	5.2	445	421	3,508	3,062	+14.6%
Lloydminster	53	48	4,234	3,808	3.85	4.0	798	765	2,462	2,540	-3.1%
Meadow Lake	32	32	1,937	1,862	3.49	3.8	358	335	833	940	-11.4%
Maidstone	24	24	345	415	10.03	9.8					
Loon Lake	11	11	22	137	16.05	5.0					
Turtleford	7	7	423	430	4.26	3.8					
(Other)							2	0			
TOTAL	198	196	10,964	10,449	4.05	4.62	1,603	1,521	6,803	6,542	+4%

Notes:

- The term 'Separations' is the national standard term to define the number of patients who spent time in/were admitted to hospital.
- The large numbers for Average Length of Stay at the Loon Lake and Maidstone Hospitals reflects usage of acute care beds for short-term supportive care clients.
- The increase in surgical cases in The Battlefords reflects the Region's initiatives under the Surgical Waitlist Strategy.
- The two live births recorded as "Other" occurred at Maidstone and Turtleford.

The indicators also reflect the impacts on activity at the rural hospitals and health centres when a lack of human resources dictates significant changes in service delivery - for example, suspension of emergency services at rural sites when physician or other resources are unavailable. Service numbers at those sites decline such as at Loon Lake where physician resources were unable to provide emergency services for much of the year; and increase at nearby sites, such as Meadow Lake where 24-hour emergency service and ambulatory care service are available year round. The same holds true for Turtleford which became the area's designated 24-hour emergency services site and retained relatively stable physician service throughout the year compared to neighbouring communities.

Conversely, when physician clinic services return to a community, as they did in St. Walburg in the past year, the number of ambulatory care visits returns to stronger levels.

PNHR Acute and Ambulatory Care Activity Indicators

	Emergency Visits			Ambulatory Clinic Visits			COMBINED Emergency & AC Visits		
Hospitals	2005 -06	2004 -05	Change	2005 -06	2004 -05	Change	2005 -06	2004 -05	Total Change
North Battleford	32,851	30,207	+8.8%	7,635	9,013	-15.3%	40,486	39,220	+3.2%
Lloydminster	39,112	36,521	+7.1%	8,564	9,350	-8.4%	47,676	45,871	+3.9%
Meadow Lake	15,793	13,293	+18.8%	3,763	3,144	+20%	19,556	16,437	+19%
Maidstone	2,506	2,597	-3.5%	151	138	+9.4%	2,657	2,735	-2.9%
Loon Lake	1,907	2,687	-29%	83	289	-71.3%	1,990	2,976	-33.1%
Turtleford	5,028	3,878	+30%	414	290	+43%	5,442	4,168	+30.6%
Hospitals TOTAL	**93,779**	**89,183**	**+5.2%**	**19,889**	**22,224**	**-10.5%**	**113,668**	**111,407**	**+2%**
Health Centres									
Cut Knife				756	1,044				
Edam				726	1,382				
Goodsoil				877	1,221				
Neilburg				---	---				
Paradise Hill				---	677				
St. Walburg				880	530				
Health Centres TOTAL				**3,239**	**4,854**	**-33.3%**			

Notes:

- The number of visits to Emergency Departments in Prairie North's three largest sites - North Battleford, Lloydminster, and Meadow Lake - continues to increase. The Meadow Lake service experienced the largest rise in caseload as patients traditionally served by the Loon Lake and Goodsoil sites had to seek service elsewhere.
- Emergency services at Goodsoil and Loon Lake were closed for most of the year. The number of ambulatory care visits at Goodsoil was also down sharply because of the lack of permanent physician service. The Nurse Practitioner at Goodsoil and Primary Health Care physician from Loon Lake provided limited ambulatory care service at Goodsoil.
- The Turtleford ER numbers rose sharply with all emergency physician services now provided at Riverside Health Complex for the Turtleford, St. Walburg and Edam areas.
- St. Walburg ambulatory care numbers returned to higher levels with the arrival of two physicians in the community to provide service. Edam numbers fell with loss of their resident physician for most of the year.
- Ambulatory care services are no longer available at Paradise Hill and Neilburg.

Clinical Support Services

Shifts are evident in laboratory and diagnostic imaging activity as the larger acute care centres generally became busier, and service at several of the smaller health centre sites was reduced through a lack of physician resources, or in the case of Paradise Hill and Neilburg, by a change in facility or service status in late 2004. Overall, Prairie North's laboratory and diagnostic imaging programs experienced significant increases in activity.

PNHR Laboratory and Diagnostic Imaging Activity Indicators

	Laboratory Tests/Procedures			DI - General Radiography Exams			DI - Ultrasound Exams		
Hospitals	2005 -06	2004 -05	Change	2005 -06	2004 -05	Change	2005 -06	2004 -05	Change
North Battleford	772,486	648,895	+19%	22,136	20,822	+6.3%	4,546	4,058	+12%
Lloydminster	154,149	127,159	+21.2%	16,785	14,863	+12.9%	2,112	1,466	+44%
Meadow Lake	249,816	312,092	-20%	7,331	6,915	+6%	649	571	+13.7%
Maidstone	19,616	22,644	-13.4%	1,172	1,412	-17%			
Loon Lake	8,417	8,342	+0.9%	377	463	-18.6%			
Turtleford	56,899	60,031	-5.2%	3,183	3,293	-3.4%			
Health Centres									
Cut Knife	2,190	2,163	+1.2%	334	333	+0.3%			
Edam	4,674	4,616	+1.3%	425	316	+34.5%			
Goodsoil	4,191	6,967	-39.8%	351	792	-55.7%			
Neilburg	1,279	1,674	-23.6%	177	174	+1.7%			
Paradise Hill	2,512	5,707	-56%	173	796	-78.3%			
St. Walburg	4,276	469	+811%	811	103	+687%			
Onion Lake	3,963	---		984	---				
TOTALS	1,284,468	1,200,759	+7.0%	54,239	50,282	+7.9%	7,307	6,095	+19.9%

Note:

- PNHR now provides contracted laboratory services to the Onion Lake First Nation.

Supportive/Continuing Care

Long-Term and Short-Term Care

Prairie North's Supportive/Continuing Care facilities continue to run at or near capacity, with no change in the past year in the number of short-term and long-term care beds. The long-term care program experiences resident turnover at 40%. Activity in the Region's short-term/respite program expanded by nearly 10% over the past year as the program worked to increase service. The substantial jumps in occupancy rate for short-term care beds at Edam, Goodsoil and Loon Lake reflect use of other beds in the facilities for short-term care clients.

PNHR Supportive/Continuing Care Activity Indicators

	Long-Term Care Beds	LTC Occupancy Rate		Short-Term Care Beds	STC Occupancy Rate		Total LTC & STC Beds
	2005-06 & 2004-05	2005 -06	2004 -05	2005-06 & 2004-05	2005 -06	2004 -05	2005-06 & 2004-05
BDCC - Battleford	117	98.3%	99.2%	7	89.6%	83.4%	124
RHL - N.B.	106	99.2	99.8	1	75.3	60.5	107
Villa Pascal - N.B.	40	99.5	98.7	0	---	---	40
Jubilee Home - Lloydminster	46	99.9	99.8	4	75.5	83.6	50
DCECC - Lloyd.	105	99.6	99.7	0	---	---	105
Meadow Lake	53	98.9	98.4	2	67.1	78.6	55
Cut Knife	28	97.3	98.4	2	66.4	48.8	30
Edam	14	99.8	99.8	4	117.8	97	18
Goodsoil	12	99.1	99.7	2	58.4	64.7	14
Loon Lake	12	99.9	99.8	1	446.3	191.8	13
Maidstone	26	99.9	98.5	1	20.8	38.1	27
St. Walburg	28	98.7	98.2	2	57	49	30
Turtleford	20	98.4	99.6	2	74	70.1	22
TOTAL	607	99.1%	99.3%	28	92.9%	80%	635

Home Care

Another significant component of Prairie North's Supportive/Continuing Care program is Home Care. With increased emphasis on meeting client needs in their home environment where possible and appropriate, the number of persons receiving Home Care services in our Health Region rose substantially in the past year. The increase was primarily in Home Care nursing services, while slight declines were noted in homemaking and Meals-on-Wheels. The delivery of all Home Care services is based on assessed need and the resources available to provide the service.

PNHR Home Care Activity

	Total Clients			Nursing Workload Units		
	2005-06	2004-05	Change	2005-06	2004-05	Change
Battlefords & Area	9,199	6,548	+40.5%	10,839	9,138	+18.6%
Lloydminster & Area	5,893	5,843	+.01	14,320	13,442	+6.5
Meadow Lake & Area	3,741	2,456	+52.3	2,613	2,601	+0.5
Former Twin Rivers Area	1,962	1,928	+.02	2,926	2,930	-0.1
TOTAL	20,795	16,775	+24%	30,698	28,110	+9.2%

PNHR Home Care Activity

	Homemaking Workload Units			Meals-On-Wheels		
	2005-06	2004-05	Change	2005-06	2004-05	Change
Battlefords & Area	21,560	21,160	+1.9%	10,542	10,822	-2.6%
Lloydminster & Area	23,269	24,363	-4.5	5,903	6,295	-6.2
Meadow Lake & Area	9,497	10,570	-10.2	2,923	2,699	+8.3
Former Twin Rivers Area	17,091	17,551	-2.4	5,593	5,661	-1.2
TOTAL	71,417	73,643	-3%	24,961	25,477	-2%

Notes:

- A Home Care workload unit equates to one hour of service.
- The term "Former Twin Rivers Area" refers to the rural communities, municipalities and First Nations communities that were part of the former Twin Rivers Health District as it existed prior to creation of Prairie North Health Region in August 2002. Among these communities are Turtleford, St. Walburg, Maidstone, and Cut Knife, to name a few.

Emergency Response Services

Emergency Response services are a vital and often the first component of Prairie North's continuum of care. The Region operates with a mix of contracted services through private ambulance operators in Lloydminster, North Battleford, and St. Walburg, as well as Region-owned and operated services in Cut Knife, Maidstone, Meadow Lake, and Neilburg. Regrettably, accurate comparable data from previous years is unavailable. The following captures ambulance service data for 2005-06.

PNHR Emergency Response Activity
2005-06

	Call Volumes	Kilometres Travelled
Contracted Ambulance Services		
North Battleford	3,360	270,953
Lloydminster	2,379	270,648
St. Walburg	1,046	261,073
RHA-Operated		
Cut Knife	211	34,817
Maidstone	184	38,240
Meadow Lake	1,004	176,454
Neilburg	28	3,674
TOTAL	8,212	1,055,859

Mental Health and Addictions Services

Mental Health Outpatient Services

Prairie North provides mental health outpatient services throughout the Region from its three largest communities. In 2004-05, Maidstone services were consolidated with Lloydminster. Region-wide, the total caseload has increased dramatically, requiring a significant increase in direct service hours. The total number of client visits or contacts has fallen only slightly. Resources to accommodate increased demand for outpatient mental health services have not increased. The Region initiated a review of its overall Mental Health and Addictions Services programming in 2005-06, with a final report and recommendations to address issues and concerns expected early in 2006-07.

PNHR Mental Health Outpatient Service Activity - By Calendar Year

	Clients			Direct Service Hours			Client Visits/Contacts		
	2005	2004	Change	2005	2004	Change	2005	2004	Change
North Battleford	4,796	2,087	+130%	15,193	15,156	+.24%	17,416	17,706	-1.6%
Lloydminster	929	314	+196	14,878	4,621	+222	3,601	4,204	-14.3
Meadow Lake	494	169	+192	1,794	1,902	-5.7	1,602	1,823	-12.1
Maidstone	---	18	---	---	10	---	---	13	---
TOTAL	6,219	2,588	+140%	31,864	21,688	+46.9%	22,619	23,746	-4.75%

Mental Health Inpatient Services

Prairie North Health Region provides mental health inpatient services at two sites: Battlefords Mental Health Centre (BMHC) for patients with acute mental health care needs and Saskatchewan Hospital North Battleford (SHNB) for patients requiring longer-term psychiatric rehabilitation. Both programs remain very busy, with higher occupancy rates in 2005-06 than the year prior. Both programs experienced turnover in clients in 2005-06, similar to 2004-05. BMHC recorded 554 separations last year. SHNB experienced 215 separations. As explained earlier in this report, the term "separations" is the national standard term to define the number of patients who spent time in/were admitted to hospital.

PNHR Mental Health Inpatient Service Activity

	Number of Beds		Occupancy Rate		Average Daily Census		Average Length of Stay (in Days)	
	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05	2005-06	2004-05
BMHC	22	22	77.1%	74.6%	17	16.4	11.09	11.1
SHNB	156	178	92.1%	85.7%	143.7	152.5	362.99	503.1

Notes:

- The 26-bed psychogeriatric unit at Saskatchewan Hospital was closed in 2004-05, reducing the total number of beds in use at SHNB. Four additional beds were opened on one of the other SHNB units, for a net change of 22.
- Correspondingly, with elimination of the psychogeriatric unit, the average length of stay declined.

Addictions Services

Outpatient Addictions Services in Prairie North Health Region are provided out of The Battlefords, Meadow Lake, and Maidstone. Services for Lloydminster are provided through the Walter A. "Slim" Thorpe Recovery Centre, a not-for-profit Health Care Organization for which Prairie North Health Region provides a contracted level of funding for service. Outpatient activity figures for Lloydminster are unavailable.

PNHR Addictions Services Activity

	Clients			Direct Service Hours		
	2005-06	2004-05	Change	2005-06	2004-05	Change
North Battleford	3,480	3,660	-5%	3,196	2,348	+36%
Lloydminster	---	---	---	---	---	---
Meadow Lake	1,405	1,299	+8.2	1,607	1,418	+13.3
Maidstone	274	295	-7.1	417	393	+6.1
TOTAL	5,159	5,254	-1.8%	5,219	4,159	+25.5%

Note:

- Prairie North also operates one inpatient addictions treatment centre - Hopeview Recovery Home in North Battleford - and provides funding for operation of two inpatient treatment beds at the Slim Thorpe Recovery Centre in Lloydminster. Data from these two inpatient services is not available at this time for inclusion in this report.

Appendix C - Notes to Employee Numbers

A detailed review of Prairie North Health Region full-time equivalent employee positions has discovered and subsequently corrected an error in reporting of our FTE positions. Missing from past years' reports has been a number of out-of-scope positions at Lloydminster that were not captured in either of the AUPE (formerly CUPE-Alberta) or UNA classifications, and which were also not included in the out-of-scope employee numbers in the Saskatchewan payroll system.

It is correct to presume that previous years' FTE numbers would have been greater, had the positions been included. The numbers now reported as OOS - Alberta include a mix of non-management and management FTEs that are on Prairie North's "Alberta" payroll, but are neither AUPE or UNA. The OOS Alberta FTEs are also not included in any indicators/calculations based on the SAHO payroll system.

Full-Time Equivalent Positions - Prairie North Health Region

	2005/06 (As At March 31, 2006)	2004/05 (As At March 31, 2005)	2003/04 (As At March 31, 2004)
Canadian Union of Public Employees (CUPE - Sask.)	1,202.30	1,165.39	1,143.36
Alberta Union of Provincial Employees (AUPE - Alberta)	89.01	88.75	88.63
Health Sciences Association of Saskatchewan (HSAS)	119.25	112.34	114.81
Out-of-Scope (OOS) - Sask.	137.89	126.55	128.13
Out-of-Scope (OOS) - Alberta	10.96	Not previously reported	
Saskatchewan Union of Nurses (SUN)	377.26	378.75	378.78
United Nurses of Alberta (UNA)	13.66	13.51	13.65
TOTAL Full-Time Equivalents	1,950.33	1,885.29	1,867.36

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